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PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

Active and Associate Membership Renewal Form

We are asking that all information for your practice be filled in completely so this can be checked in the database for accuracy. Please submit your renewal application and dues no later than March 1, 2021.

Renewal of membership dues is $**150 for the Active member** (only one Active member per practice) and **$35 per Associate member** annually. Please make your check payable to **POHMS** and mail to:

POHMS' Member Services
1802 State Route 31, #312
Clinton, NJ 08809

PRACTICE INFORMATION:

Practice Name_____

Address_____

_____
City State Zip/Postal Code

_____
County

Phone (_____)_____ **Fax** (_____)_____

Total Practice Employees:_____ **Total # of RN's:**_____

How Long Practice in Existence? _____ **Total # of Physician Extenders:** _____

Physicians:
Please list_____

_____

_____

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Physician list continued:

_____

_____

Additional Sites: **Yes** **No** Please circle one and list addresses if applicable.

Satellite #1:

_____

_____

_____

Satellite #2:

_____

_____

_____

Satellite #3:

_____

_____

_____

Satellite #4:

_____

_____

_____

Please list any additional satellite offices on a separate page and attach to the application.

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Active Member Information (Please type or print clearly.)

Name_____
First **Last**

Title/Position:_____

Please indicate:

MD **PhD**
PharmD **BA**
RN **MSN**
MS **BS**
Other_____

Email Address:_____

Associate Member Information (Please type or print clearly.)

Name_____
First **Last**

Title/Position: _____

Email Address: _____

Additional Associate Members, Name, Title and email addresses

_____

_____

_____

_____