



# FLASCO Membership Application

## PLEASE COMPLETE:

2020

Last Name:		
First Name:		MI:
<b>Academic Degree/s:</b>		<b>Gender:</b> F M
Date of Birth:	FL Medical License No:	Expiration Date:
<b>Practice Type:</b>	Private:	Hospital: Academic: Other:
Practice/Institution/Academic Center Name:		
Department/Specialty:		Title:
Street Address:		
City:	State:	Zip Code:
Office Phone No.:		Fax No.:
Work Email:		
Assistant's Name:		Assistant's Email:
Home Address:		
City:	State:	Zip Code:
<b>Mobile No.:</b>	Home Email:	
<b>PREFERRED MAILING ADDRESS</b> (circle preference) Home Practice/Institution/Organization		
<b>PREFERRED EMAIL ADDRESS FOR COMMUNICATION WITH FLASCO:</b> Personal: Work:		
<b>REQUIRED ATTACHMENTS:</b>	CV/Resume:	Scanned Copy of Board Certificates or Equivalents:
Physicians in Training: Letter of Recommendation		Students: Personal Statement of Interest in Oncology
<b>PLEASE INDICATE IN WHICH FLASCO COMMITTEE/S YOU HAVE AN INTEREST:</b> (see requirements and eligibility on FLASCO website):		
Board	Program	Membership
Board Appointee	Ethics	Nominating
Clinical Practice	Legislative	Bylaws
<b>PLEASE LIST YOUR OTHER PROFESSIONAL ORGANIZATION MEMBERSHIPS:</b>		
<b>PLEASE PROVIDE YOUR USERNAME SO WE CAN CONNECT WITH YOU:</b>		
Twitter Handle:	Facebook Profile URL:	LinkedIn Profile URL:

**APPLICANT SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

As a FLASCO Member, you are encouraged to attend at least one meeting/event annually to retain your free membership.

**RETURN COMPLETED APPLICATION FORM AND REQUIRED ATTACHMENTS BY MAIL/FAX/EMAIL TO:**

**Florida Society of Clinical Oncology**

◇ 10022 Water Works Lane ◇ Riverview, FL 33578

◇ Office: (813) 677-0246 ◇ Fax: (813) 677-0559 ◇ Email: [info@flasco.org](mailto:info@flasco.org)