

NEBRASKA ONCOLOGY SOCIETY

Application for Corporate Membership

Corporation Name: _____

Level of Membership Applied for:

_____ Gold (\$10,000) _____ Platinum (\$12,000)

Contact Name at corporate office (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Key Contact

Representative Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Email: _____

Signature of Applicant: _____ Date: _____

Patient Assistance Programs

Website: _____ Phone: _____

Email JPEG image of logo to nmandolfo@onchemwest.com

Questions?

Call: 402-393-3110

Fax: 402-393-5732

Email: nmandolfo@onchemwest.com

NOS TAX ID : 470772122

Please return completed application and dues to:

Nebraska Oncology Society

c/o Nebraska Cancer Specialists

7710 Mercy Road, Suite 122

Omaha, NE 68133

Attention: Natalie Mandolfo

Additional applicants may be listed below:

1. Corporate Representative Name: _____

Email address: _____

Phone: _____

2. Corporate Representative Name: _____

Email address: _____

Phone: _____

3. Corporate Representative Name: _____

Email address: _____

Phone: _____

4. Corporate Representative Name: _____

Email address: _____

Phone: _____

5. Corporate Representative Name: _____

Email address: _____

Phone: _____

6. Corporate Representative Name: _____

Email address: _____

Phone: _____