

# 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: \_\_\_\_\_

Patient Assistance Program Website: \_\_\_\_\_

Patient Assistance & Reimbursement Support Phone: \_\_\_\_\_

### Key Contact

Representative Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (314) 303-2447      Fax: N/A

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please email JPEG image of your company logo to [Sarahd@nebmed.org](mailto:Sarahd@nebmed.org)**

**Questions?**

Call: 402-474-4527

Fax: 402-474-2198

[Email: sarahd@nebmed.org](mailto:sarahd@nebmed.org)

NOS TAX ID : 470772122

**Please return completed application and dues to:**

Nebraska Oncology Society

c/o Nebraska Medical Association

233 S. 13<sup>th</sup> Street

Suite 1200

Lincoln, NE 68508

Attention: Sarah Dunbar

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: \_\_\_\_\_