

## APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_  
Degree(s) \_\_\_\_\_ Email \_\_\_\_\_  
Job Title(s) \_\_\_\_\_ Medical License State(s) \_\_\_\_\_

### MEMBER CATEGORIES *(Please choose one)*

- FELLOW: \$300**  
A physician in good standing who resides in the United States or Canada and who has been specialty boarded in Dermatology, Medical Oncology, Radiation Oncology, Surgical Oncology, Dermatopathology, Plastic Reconstructive Surgery, and Otolaryngology Oncologic Surgery, and has a clinical or research emphasis in cutaneous oncology shall be eligible to be a Fellow. Fellows shall have the right to attend membership meetings, participate in discussion, to vote on matters submitted to a vote of the membership, hold elective office and to serve on committees and councils.
- INTERNATIONAL FELLOW: \$300**  
Any physician in good standing who does not reside in the United States or Canada and meets the criteria for Fellow. International Members shall have all rights of Fellows.
- ASSOCIATE FELLOW: \$250**  
Any physician in good standing who resides in the United States or Canada and has an interest and emphasis in cutaneous oncology but is not eligible for fellowship status. Associates shall have all of the rights of Fellow Members except that they shall not be eligible to serve in any elective office.
- TRAINEE: \$0**  
(Anticipated Year of Completion : \_\_\_\_\_)  
Any physician in good standing who resides in the United States or Canada and who is in an approved residency or fellowship training

program in the following specialties; Dermatology, Medical Oncology, Radiation Oncology, Surgical Oncology, Dermatopathology, Plastic Reconstructive Surgery, and Otolaryngology Oncologic Surgery, and has a clinical or research emphasis in cutaneous oncology. Trainees shall have all of the rights of Fellow Members except that they shall not be eligible to serve in any elective office or vote.  
**A letter from your program director or school registrar stating date of completion must accompany the application.**

- ALLIED HEALTH: \$125**  
Allied health professional including Physician Assistants, Advanced Registered Nurse Practitioners, and Radiation Technicians who resides in the United States or Canada and who has a clinical or research emphasis in cutaneous oncology shall be eligible to be an Allied Health Member. Allied Health Members shall have all of the rights of Fellow Members except that they shall not be eligible to serve in any elective office or vote.
- INDUSTRY: \$600**  
Industry Membership is available to representatives of industry (employees or contractors) whose company has a clinical or research emphasis in cutaneous oncology. Industry Members shall have all of the rights of Fellow Members except that they shall not be eligible to serve in any elective office or vote.

### SPECIALTY INFORMATION (N/A for Industry)

- Dermatology  Dermatopathology  Medical Oncology  Otolaryngology Oncologic Surgery  
 Plastic Reconstructive Surgery  Radiation Oncology  Surgical Oncology  
 Other (specify) \_\_\_\_\_

### PERSONAL CONTACT INFORMATION

We will mail your ACOS Membership packet to this address.  
ACOS will also send occasional important updates and information about upcoming events.

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

### COMMUNICATION PREFERENCES

- Phone  Email  Postal Mail  SMS  Fax

### OFFICE INFORMATION

If you would like to be included in the Find a Member directory, you can choose to provide your office address below.  
Please note, this information will be available to the public. You can edit this information at any time online on the My Account page.

- Please include me in the Find a Member directory

Practice, Institution or Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

- Are you accepting new patients?  Yes  
Do you accept health insurance?  Yes

### ADDITIONAL INFORMATION

How did you learn about the American Cutaneous Oncology Society? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain your involvement with cutaneous oncology and/or why you are interested in joining ACOS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## PAYMENT INFORMATION

Check  Visa  MasterCard  Amex  Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

Please renew my membership automatically.  
(Credit card only.)

## BILLING NAME AND ADDRESS

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_

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## Join The American Cutaneous Oncology Society (ACOS)

Join the first organization of its kind dedicated to dermatologists and other health care professionals who specialize in cutaneous oncology: including the prevention, diagnosis and treatment of malignant melanoma, non-melanoma skin cancer and other cutaneous malignancies, actinic keratosis and other pre-cancerous lesions as well as related conditions.

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## What Can Membership in the ACOS do for you?

### Top Five Reasons to Join:

1. Let your patients know that you belong to the only non-profit society dedicated to cutaneous oncology education.
2. Network with world renowned thought leaders. Connect with other members and share information, resources and case studies.
3. Get access to top-notch continuing medical education. Stay current with best practices, and learn about the latest science, research, technology and state-of-the-art treatment information relevant to your practice.
4. Gain information. You'll have access to timely information and resources through a dedicated website and other informational materials.
5. Discounted registration fees to upcoming ACOS scientific conferences.