



The Society for Oncology Massage, Inc.  
Organizational Membership Application

**I. Please identify yourself:**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

**II. Please Describe Your Organization**

- Hospital
- Medical Practice
- School
- Professional Association
- Foundation
- Other \_\_\_\_\_

In what way and to what degree are you involved in caring for cancer patients?

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

In what way can S4OM be particularly useful/helpful/interesting to you?

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**III Please enclose your check for initial S4OM dues as follows:**

Dues are \$120.00 per year. The membership year is 4/1 - 3/31.  
All memberships are renewed in March.

Postmark Month	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Initial Dues Payment	\$150	\$140	\$130	\$120	\$110	\$100	\$90	\$80	\$70	\$60	\$50	\$40
Membership for	15 mos.	14 mos.	13 mos.	12 mos.	11 mos.	10 mos.	9 mos.	8 mos.	7 mos.	6 mos.	5 mos.	4 mos.

**VII. Mail to:**

Society for Oncology Massage  
Membership Committee  
c/o Mia Harper  
508 Bay Hills Dr.  
Arnold, MD 21012

Thank you and welcome to the Society for Oncology Massage.