



The Society for Oncology Massage, Inc.

Student Membership Application

I. Please identify yourself:

Name: _____

Mailing Address: _____

E-mail: _____

Massage School: _____

Address: _____

City/ST: _____

Graduation Date: _____

II. Please describe your interests in S4OM

- Massage Student
- Massage Therapist out of school less than 3 years.
- Cancer Patient/Survivor
- Cancer Caregiver
- Medical Professional _____
- Other _____

What plans, if any, have you made to take an S4OM recognized oncology massage training program?

What can we do to make S4OM useful/helpful/interesting for you?

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

Student dues are \$36.00 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	\$45	\$42	\$39	\$36	\$33	\$30	\$27	\$24	\$21	\$18	\$15	\$12
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.

IV. 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.