



The Society for Oncology Massage, Inc.  
Supporting Membership Application

**I. Please identify yourself:**

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

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

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

**II. Please Describe Your Interest in S4OM**

- Cancer Patient
- Cancer Caregiver
- Medical Practitioner
- Retired Oncology Massage Therapist
- Other \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Dues are \$60.00 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	\$75	\$70	\$65	\$60	\$55	\$50	\$45	\$40	\$35	\$30	\$25	\$20
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.