



Application of Corporate Membership

Please print or type.

Corporation Name: _____

Contact name at corporate office (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Key Contact:

Representative Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Email Address: _____

Sponsorship Level Chosen:

Platinum Level (\$10,000 and more per year).

Gold Level (\$5,000 to \$9,999 per year).

Silver Level (\$1,000 to \$4,999 per year)

Please return completed application and dues to:

**West Virginia Oncology Society
211 Marion Square, P.O. Box 2990
Fairmont, WV 26554**

Questions?

Call: 304-368-4575

Fax: 304-367-9470

E-mail: Julie@wvos.info

(Additional applicants may be listed on page 2)

1 .Corporate Representative Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

2. Corporate Representative Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

3. Corporate Representative Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

4. Corporate Representative Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

5. Corporate Representative Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

(If space is needed for additional applicants, please duplicate this page and attach to application)