



Pennsylvania Society of  
Oncology and Hematology  
A Multidisciplinary Organization

777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820  
717-558-7750 (phone); 717-558-7841 (fax)

## Corporate Membership Application

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Website if applicable: \_\_\_\_\_

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

Contacts Date of Birth (for access to members only section): \_\_\_\_\_

Address if different than above: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Contribution Level:

- \$10,000  
 \$5,000

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

For Office Use Only: Check # \_\_\_\_\_

Date Received \_\_\_\_\_