



## Application for Corporate Membership

**Corporation Name:** \_\_\_\_\_

**Level of Membership Applied for:**

Bronze (\$2,500)

Silver (\$5,000)

Gold (\$7,500)

Platinum (\$10,000)

Contact name at corporate office (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

### Key Contact

**Representative Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Patient assistance Programs

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

**Email JPEG image of logo to [Breana@mjexecmgmt.com](mailto:Breana@mjexecmgmt.com)**

### Questions?

Call: 918-274-8374

Fax: 918-274-8354

E-mail: [maryjo@mjexecmgmt.com](mailto:maryjo@mjexecmgmt.com)

### Please return completed application and dues to:

Coalition of Hematology & Oncology Practices of the Southwest

8805 N 145<sup>th</sup> E Ave, Ste 203

Owasso, OK 74055

**Tax ID #: 26-0064206**

**(Additional applicants may be listed on page 2)**

**1. Corporate Representative Name:** \_\_\_\_\_

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

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

**2. Corporate Representative Name:** \_\_\_\_\_

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

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

**3. Corporate Representative Name:** \_\_\_\_\_

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

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

**4. Corporate Representative Name:** \_\_\_\_\_

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

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

**5. Corporate Representative Name:** \_\_\_\_\_

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

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

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