

**ONCOLOGY SOCIETY OF NEW JERSEY**

26 Eastmans Road, Parsippany, NJ 07054 973-597-0938 fax: 973-597-0241

**CORPORATE APPLICATION FOR MEMBERSHIP**

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

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

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

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

**CONTRIBUTION LEVEL:**

\_\_\_\_\_ \$6,000.00 SILVER MEMBERSHIP (1 representative)

\_\_\_\_\_ \$10,000.00 GOLD MEMBERSHIP (2 representatives, provide company narrative for website on reverse)

Company Representative 1 \_\_\_\_\_

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

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

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

E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

**GOLD MEMBERSHIP ONLY COMPLETE NAME OF SECOND REPRESENTATIVE**

Company Representative 2 \_\_\_\_\_

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

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

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

E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

COMPANY WEBSITE: \_\_\_\_\_

**A LINK TO YOUR WEBSITE WILL BE REQUESTED BY EMAIL ONCE APPLICATION IS APPROVED. LIST NAME, EMAIL ADDRESS AND PHONE NUMBER OF PERSON WHO CAN PROVIDE WEBSITE LINK.**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_