



2018 VCS MEMBERSHIP/RENEWAL APPLICATION

The membership year for everyone is January 1st through December 31st.

NEW APPLICANTS ONLY: Always use the “early” rate when paying dues.

Date of Application _____

Name _____

Business/Organization/Institution _____

Business Mailing Address _____

City/State/Zip/Country _____

Business Phone Number _____ Fax Number _____

Email Address _____

Business Website _____

Select Type of Membership:

Early Rate Until April 1*

After April 1

**Brand new VCS applicants at any time of year, use early rate*

_____ Professional Membership	\$175.00	\$275.00 (includes PhD)
_____ Resident Membership	\$50.00	\$100.00
_____ Intern Membership	\$50.00	\$100.00
_____ Student Membership	\$50.00	\$100.00 (includes undergraduate & graduate)
_____ Associate Membership**	\$75.00	\$75.00
_____ Technician Membership	\$40.00	\$90.00

** The Associate category is only for those not employed in the veterinary profession in any way.

Are you an ACVIM **board certified oncologist**: Yes _____ No _____

List all other board certifications or licensures: _____

May we list your information in the online member directory? Yes ___ No ___

If you prefer to opt out of email that may be sent by VCS, its sponsors or exhibitors, check here _____

VCS members may subscribe to the **Veterinary and Comparative Oncology journal at a reduced rate by visiting the journal homepage at: [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1476-5829](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1476-5829). Click on 'Subscribe/Renew' under 'Get Access' which is available on the left bar of the journal homepage, then click on the member rates based on your membership in VCS and proceed to payment.

PAYMENT METHOD (choose one):

Total payment due \$ _____

_____ **Check or Money Order enclosed** (made payable to Veterinary Cancer Society)

_____ **Credit Card:** Visa Mastercard

Card # _____

Security Code # (3 digits on back of card) _____

Expiration month and year _____

Name on the Card _____

Billing Address _____

SUBMITTING PAYMENT

1) By Mail:

Veterinary Cancer Society
PO Box 30855
Columbia, MO 65205

2) By Fax (using credit card payment method only):

573-445-0353

3) Scan and Email to: vetcancersociety@yahoo.com