



**2020 VCS MEMBERSHIP/RENEWAL APPLICATION**  
**FOR US AND CANADIAN CITIZENS OR INTERNATIONAL ONCOLOGY PROFESSIONALS**  
**WHO ARE NOT MEMBERS OF THEIR "HOME" ONCOLOGY ASSOCIATION**

The membership year for everyone is January 1<sup>st</sup> through December 31<sup>st</sup>.  
**NEW APPLICANTS ONLY:** Always use the "early" rate when paying dues.

Date of Application \_\_\_\_\_

Designation (check one):  Dr.  Mr.  Mrs.  Ms.  Miss

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business/Organization/Institution \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Select Type of Membership:**

**Early Rate Until April 1\***

**After April 1**

*\*Brand new VCS applicants at any time of year may use the early rate*

Professional Membership	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$275.00 (includes PhD degree)
New Professional (0-2 years post-residency)	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$150.00
Resident Membership	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00
Intern Membership	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00
Student Membership	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00 (undergraduate & graduate)
Technician Membership	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$90.00
Associate Membership**	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$75.00

\*\* The Associate category is only for those who don't qualify in any of the other categories listed above.

**Select all certifications:**

DACVIM (Onc)       DACVR (RO)       DACVS       DACVP       DECVIM

DACVIM (other-\_\_\_\_\_ )       Other\_\_\_\_\_

CVT       LVT       VTS (Onc)       Other\_\_\_\_\_

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

**Check here, if you prefer to opt out of email that may be sent by VCS sponsors or exhibitors**  
*You will still receive VCS Newsletters as well as other VCS information.*

**PAYMENT METHOD (choose one):**

Total payment due \$ \_\_\_\_\_

- Check or Money Order enclosed (made payable to Veterinary Cancer Society)**
- Credit Card:**  Visa  MasterCard

Card # \_\_\_\_\_ Expiration (month and year) \_\_\_\_\_

Security/CVV Code (3 digits on back of card) \_\_\_\_\_ Name on the Card \_\_\_\_\_

**Billing Address (must match the billing address of the credit card exactly):**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

**SUBMITTING PAYMENT**

- By Mail:** Veterinary Cancer Society, PO Box 30855, Columbia, MO 65205
- By Fax (using credit card payment method only):** 573-445-0353
- Scan and Email to:** [vetcancersociety@yahoo.com](mailto:vetcancersociety@yahoo.com) (for a more secure method, please fax or mail your form.)