



Making a world of difference in cancer care

Automatic Dues Renewal Enrollment Form

Please fax completed form to (703) 299-0255.

Never worry about your benefits lapsing! We can securely keep your credit card number on file and renew your ASCO membership automatically each year.

ASCO ID #: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Country: _____

Phone: _____ **Fax:** _____

E-mail: _____

Automatic Dues Renewal
 By checking "Automatic Dues Renewal," I authorize ASCO to retain my credit card information securely and to charge my credit card annually to pay my membership dues, unless my membership is cancelled.*

Payment Information

Credit Card Type: American Express MasterCard Visa Discover

Credit Card #: _____

Credit Card Expiration Date: _____

Name as it appears on card: _____

Signature: _____

* If you have a current dues balance, your dues will be charged to this card. A receipt will be e-mailed to the e-mail address above.

For personal service, please contact ASCO Member Services Monday through Friday, 8:30 a.m. to 5:00 p.m. ET at (703) 299-0158, (888) 282-2552, or via e-mail at membermail@asco.org.