



5025 Plano Parkway  
Carrollton, TX 75010  
www.iononline.com

## Membership Application Agreement

For more information, please contact Member Services at (888) 536-7697 ext 3103.  
All completed forms should be returned via fax to Member Services at (844)-322-9404

### Membership Agreement

This Membership Agreement ("Agreement") is made by and between the International Physician Networks, LLC d/b/a International Oncology Network ("ION") and ("Applicant") effective as of (current date): \_\_\_\_\_

\_\_\_\_\_  
Legal Name of Organization (Applicant)

\_\_\_\_\_  
Address of Administrative Office

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### Practice Information

*By providing email address and fax number and signing this agreement, Member hereby grants ION permission to contact Member via email or fax in order to pass on information regarding educational meetings, product/pricing announcements, and/or any other information that ION deems may be of interest to Member, consistent with the requirements set forth in the CAN-SPAM Act of 2003 and the Junk Fax Prevention Act of 2005.*

\_\_\_\_\_  
Legal Name of Practice

\_\_\_\_\_  
Tax ID

\_\_\_\_\_  
Address of Practice

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Dispensing Location \_\_\_\_\_ Dispensing pharmacy on site:  Yes  No

\_\_\_\_\_  
Number of Oncologists in Practice

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Office Contact

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail Address

*If there are additional qualifying sites, please attach a separate sheet identifying each with address, telephone and fax numbers.*

Physician(s) Name(s)	DEA Number	Medical Specialty	Professional E-mail Address

*\*If necessary, please list additional physician information in the designated section on the next page.*

### Practice Information (continued)

Physician(s) Name(s)	DEA Number	Medical Specialty	Professional E-mail Address

### Signature and Certification

By submitting the following application information and signing this Agreement, Applicant agrees to enroll as a Member of ION, and to permit ION to negotiate and administer certain purchasing agreements on its behalf. One program offered to Members by ION is a group purchasing function where ION has negotiated with vendors of a variety of goods and services on behalf of its Members. In that regard, the parties acknowledge that vendors from whom goods or services are purchased by Members may pay to ION an administrative fee, the percentage of which will vary but will be no more than three percent (3%) of the value of the purchases, unless Members receive advance notice of such fees. If the Member is an entity that is a health care provider of services, ION shall disclose in writing to the entity, at least annually, the fee amount received from each vendor with respect to purchases made by on behalf of the entity. ION may earn additional compensation from manufacturers for providing services, such as marketing and educational offering services.

The parties acknowledge and agree that all goods purchased by the Member will be subjected to an "own use" restriction, and that resale by Member is therefore prohibited.

Either party may terminate this Agreement by giving to the other party thirty (30) days written notice. Notice shall be effective upon receipt.

**ION hereby accepts Applicant as Member:**

Practice Signature

By

Printed Name

Printed Name

Title

Title

Date

Date

