2010 APPLICATION FOR MEMBERSHIP

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E-mail: info@ipos-society.org

PLEASE PRINT IN BLOCK LETTERS.

Name: Dr. Mr. Mrs. Ms. ______________________________
(please circle) **Given Name** **Middle** **Surname** **Degree/Suffix(es)**

Title/Position: ______________________________

Institution: ____________________ **Division/Dept:** ____________________

Street: ______________________________

City, State, Zip + 4 or Postal Code: ______________________________

Country: ______________________________

Telephone: ____________________ **Facsimile:** ____________________

E-mail: ____________________

❑ Please do **NOT** communicate with me via **E-MAIL**.

❑ Please do **NOT** communicate with me via **FAX**.

Current memberships in other related professional organizations: ____________________

How did you hear about IPOS?: ____________________

In what areas of IPOS would you like to assist?

❑ **Committee member** ❑ **Developing funding sources** ❑ **Serving as a liaison to other groups**

I work primarily with: ❑ **Adults** ❑ **Children**

Discipline (please select one):

- ❑ **Counselor, Clergy/Pastoral**
- ❑ **Counselor, Mental Health**
- ❑ **Counselor, Rehabilitation**
- ❑ **Nurse**
- ❑ **Patient Advocate**
- ❑ **Physician, Psychiatrist**
- ❑ **Physician, Oncologist**
- ❑ **Physician, Other**
- ❑ **Psychologist**
- ❑ **Researcher**
- ❑ **Social Worker**
- ❑ **Therapist, Art**
- ❑ **Therapist, Grief**
- ❑ **Therapist, Marital/Family (MFT)**
- ❑ **Therapist, Music**
- ❑ **Therapist, Sex**
- ❑ **Other** ____________________

If sending by facsimile, please remember to send both sides of the application. See reverse side of application for payment information. Please allow four (4) weeks for membership processing and approval.

2010 PAYMENT INFORMATION

Name: Dr. Mr. Mrs. Ms. ____

(please circle) **Given Name** **Middle** **Surname** **Degree/Suffix(es)**

2010 Membership – 1 January 2010 to 31 December 2010

❑ **Active Membership -** *CV Required with Application*
World Bank-classified High-income/OECD countries* **$95.00**

❑ **Active Membership -** *CV Required with Application*
World Bank-classified Low-income countries ONLY* **$75.00**

❑ **Associate Membership -** *No CV Required with Application*
World Bank-classified High-income/OECD countries* **$95.00**

❑ **Associate Membership -** *No CV Required with Application*
World Bank-classified Low-income countries ONLY* **$75.00**

❑ **Member-in-Training -** *Letter from Advisor/Dept. Chair required with application*
World Bank-classified High-income/OECD countries* **$55.00**

❑ **Member-in-Training -** *Letter from Advisor/Dept. Chair required with application*
World Bank-classified Low-income countries ONLY* **$45.00**

Please visit the IPOS website at www.ipos-society.org/about/membership/world-bank.htm to determine for which membership rate you qualify.

2010 Subscription Options for Members

Psycho-Oncology **– 2010 Online only (12 Issues)**
Official journal of IPOS
❑ **Active/Associate Members $75.00**
❑ **Members-in-Training $40.00**

Psycho-Oncology **– 2010 Online and Hard Copy (12 Issues)**
Official journal of IPOS
❑ **Active/Associate Members $150.00**
❑ **Members-in-Training $115.00**

Palliative and Supportive Care **– 2010 Hard Copy (4 Issues)**
❑ **Active/Associate Members $98.00**
❑ **Member-in-Training $65.00**

Journal of Cancer Survivorship **– 2010 (4 Issues)**
❑ **All Members $161.00**

Special Contribution *(may be tax deductible - please consult your accountant)* $__________

If making a Special Contribution, please select one of the folowing designations:

❑ **Arthur M Sutherland Memorial Fund**
❑ **Noemi Fisman Memorial Fund**
❑ **Bernard Fox Memorial Fund**
❑ **IPOS Lifetime Fellowship Fund**
❑ **General Contribution**

Please print in BLOCK letters.

TOTAL: $__________

Payment Method: ❑ **VISA** ❑ **MasterCard** ❑ **American Express** **OR** **Check#**____________________

Credit Card Number: ______________________ **Exp. Date** __________ **Security Code*** ____________

*3 or 4 digit code on back of card

Cardholder Printed Name: ____

Cardholder Signature: ____

Credit Card Billing Address: ____

Remittance must be made in U.S. Dollars. A $25.00 surcharge may be assessed to cover any collection fees.

Please note that an attachment is required with this application for Active and Member-in-Training levels.
Membership will be processed only when this information is received. Member-in-Training letter template available via www.ipos-society.org.

FOR OFFICE USE: DT ____________ DB____________ CMTE____________ PMT____________ PRF____________