

# 2012 APPLICATION FOR MEMBERSHIP



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Telephone: +1.434.293.5350 Facsimile: +1.434.977.1856  
Website: [www.ipos-society.org](http://www.ipos-society.org)  
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**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.*

