



2021 APPLICATION FOR MEMBERSHIP

International Psycho-Oncology Society

1 - 189 Queen Street East

Toronto, ON, Canada M5A 1S2

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info@ipos-society.org

PLEASE PRINT IN BLOCK LETTERS

Dr. Mr. Mrs. Ms.

Given Name: _____ Middle: _____ Surname: _____

Degree/Suffix(es) _____

Title/Position: _____

Institution: _____

Division/Dept: _____

Street: _____

City: _____ State/Prov: _____ Zip + 4 or Postal Code: _____

Country: _____

Telephone: _____ Facsimile: _____

Email*: _____

**Please note an active email address is required for an IPOS membership as most member benefits are provided electronically.*

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):

- | | | |
|---|--|--|
| <input type="checkbox"/> Counselor, Clergy/Pastoral | <input type="checkbox"/> Physician, Oncologist | <input type="checkbox"/> Therapist, Grief |
| <input type="checkbox"/> Counselor, Mental Health | <input type="checkbox"/> Physician, Other | <input type="checkbox"/> Therapist, Marital/Family (MFT) |
| <input type="checkbox"/> Counselor, Rehabilitation | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Therapist, Music |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Researcher | <input type="checkbox"/> Therapist, Sex |
| <input type="checkbox"/> Patient Advocate | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Physician, Psychiatrist | <input type="checkbox"/> Therapist, Art | |

If sending by email, please remember to send **both pages** of the application.

See reverse side of application for payment information.

Please allow four (4) weeks for membership processing and approval.

2021 Membership – Date Submitted to 31 December 2021

Given Name: _____ Middle: _____ Surname: _____

Membership Category (please select one): **Active Membership \$140.00**

- CV Required with Application
- World Bank-classified High-income/OECD countries

 Associate Membership \$140.00

- No CV Required with Application
- World Bank-classified High-income/OECD countries

 Early Career Professional \$25.00

- Practicing but within three years of final training

 I attest that I am within three years of final training

• Last year of training: _____

 Active Membership \$25.00

- CV Required with Application
- World Bank-classified Low/Middle-income countries ONLY

 Associate Membership \$25.00

- No CV Required with Application
- World Bank-classified Low/Middle-income countries ONLY

 Member-in-Training (student)**\$25.00**

- Letter from Advisor/Dept. Chair required with application

* Please visit the IPOS website at <https://ipos.wildapricot.org/apply/one> to determine for which membership rate you qualify.

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.

A Member-in-Training letter template is available at www.ipos-society.org/wp-content/uploads/MIT_Template_Letter.doc.

Special Contribution (may be tax deductible - please consult your accountant) : \$ _____

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

 General Contribution Arthur M Sutherland Memorial Fund Noemi Fisman Memorial Fund Low to Middle Income Country Psycho-oncologist Development and Participation Bernard Fox Memorial Fund IPOS Lifetime Fellowship Fund**TOTAL PAYMENT AMOUNT** (Membership fee + Subscription fee(s) + Special contribution): \$ _____Payment Method: VISA MasterCard American Express Cheque# _____

Credit Card Number: _____

Expiry Date: _____

Security Code (3 digits on back of card or 4 digits on front of AmEx) _____

Credit Card Billing Address: _____

Cardholder Printed Name: _____

Cardholder Signature: _____