

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: _____

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):

- | | | |
|---|--|--|
| <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 | |

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If sending by facsimile, 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.

2016 Membership – 1 January 2016 to 31 December 2016

Given Name: _____ Middle: _____ Surname: _____

Membership Category (please select one):

Active Membership \$95.00

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

Associate Membership \$95.00

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

Early Career Professional \$20.00

- 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 \$20.00

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

Associate Membership \$20.00

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

Member-in-Training \$20.00

- Letter from Advisor/Dept. Chair required with application

* Please visit the IPOS website at www.ipos-society.org/for-members/membership-classifications/world-bank/ 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.

2016 Subscription Options for Members (please select options):

Psycho-Oncology

2016 Online only (12 Issues)

OFFICIAL JOURNAL OF IPOS

- Active/Associate/Early Career \$75.00
- Members-in-Training \$40.00

Palliative and Supportive

Care – 2016 Online only (6 Issues)

- Active/Associate/Early Career \$122.00
- Member-in-Training \$78.00

Journal of Cancer Survivorship –

2016 (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 following designations:

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

TOTAL PAYMENT AMOUNT (Membership fee + Subscription fee(s) + Special Contribution): \$ _____

Payment Method: VISA MasterCard American Express Check# _____

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: _____

FOR OFFICE USE: DT _____ DB _____ CMTE _____ PMT _____ PRF _____