

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

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

Physician, Oncologist

Therapist, Grief

Counselor, Mental Health

Physician, Other

Therapist, Marital/Family (MFT)

Counselor, Rehabilitation

Psychologist

Therapist, Music

Nurse

Researcher

Therapist, Sex

Patient Advocate

Social Worker

Other _____

Physician, Psychiatrist

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.

2017 Membership – 1 January 2017 to 31 December 2017

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 \$25.00

- 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

2017 Online only (12 Issues)

OFFICIAL JOURNAL OF IPOS

- Active/Associate/Early Career \$85.00
- Member-in-Training \$45.00

Palliative and Supportive

Care – 2017 Online only (6 Issues)

- Active/Associate/Early Career \$130.00
- Member-in-Training \$80.00

Journal of Cancer Survivorship –

2017 (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:

- 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: _____