

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 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.

2019 Membership – Date Submitted to 31 December 2019

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.

2019 Subscription Options for Members (please select options):

Palliative and Supportive

Care – 2019 Online only (6 Issues)

- Active/Associate/Early Career \$136.00
- Member-in-Training \$86.00

Journal of Cancer Survivorship –

2019 (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: _____