2012 APOS MEMBER-IN-TRAINING APPLICATION

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Charlottesville, VA 22911 USA
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Facsimile: 1.434.977.1856
Website: www.apos-society.org
E-mail: info@apos-society.org

Please note that a letter/signature of your department chair/advisor is required with this application. Membership will be processed only when this information and payment are received. Membership runs through the calendar year 1 January - 31 December 2012. Dues and fees valid to 31 December 2012.

Please circle.

Name: Dr Mr Ms Mrs _____
First Middle Initial Last Degree(s)

Title/Position _____

Organization _____

Division/Dept _____

Street _____

City _____ **State**_____ **Zip/Postcode** _____**Country**_____

E-mail _____

Telephone _____ **Fax** _____

How did you hear about APOS?_____

Special Interest Groups (SIGs) *You may select one or more.*

- ❑ Bereavement
- ❑ Health Disparities
- ❑ Patient Navigation
- ❑ Electronic Medical Records
- ❑ Pediatrics
- ❑ Sexual & Reproductive Health
- ❑ Spirituality
- ❑ Survivorship

Membership Communications
Please DO NOT communicate with me

- ❑ Via fax.
- ❑ Via e-mail.
- ❑ For Helpline referral assistance.

Membership *All membership levels include an online subscription to Psycho-Oncology.*

❑ Member-in-Training – *Signature/Letter from Dept Chair/Advisor Required with Application* $125.00

Journal Subscriptions

❑ *Psycho-Oncology – HARD COPY (12 Issues)* $75.00

❑ *Palliative and Supportive Care – HARD COPY (4 Issues)* $65.00

❑ *Journal of Cancer Survivorship – HARD COPY (4 Issues)* $161.00

Special Contribution ❑ $100.00 ❑ $75.00 ❑ $50.00 ❑ $20.00 ❑ $10.00 other $_____

APOS is a 501 (c)(3) tax-exempt organization; your gift is tax deductible. No goods or services will be exchanged for this special contribution.

❑ *Commemorative DVD - History of Psychosocial Oncology with Jimmie Holland, MD* $15.00

TOTAL PAYMENT: _____

Payment Details

Payment Method ❑ VISA ❑ MasterCard ❑ American Express ❑ Check # _____

Credit Card Number _____ Exp. Date _____

Cardholder Printed Name _____

Signature _____

Remittance must be made in U.S. Dollars. A $25.00 surcharge may be assessed to cover any collection fees.

Student Verification

I verify this applicant is and/or will be enrolled, at least half-time in calendar year 2012, in the following formal degree/training program:

_____
Name of program and identification of institution

This program is related to the practice of psychosocial oncology (e.g. social work, nursing, chaplaincy, clinical psychology, psychiatry).

Advisor/Dept Chair Signature _____

Title _____ Date _____