

2010 APOS FULL / ASSOCIATE MEMBERSHIP APPLICATION



154 Hansen Rd, Suite 201
 Charlottesville, VA 22911 USA
 Telephone: 1.434.293.5350
 Facsimile: 1.434.977.1856
 Website: www.apos-society.org
 E-mail: info@apos-society.org

Apply online using a credit card at
www.apos-society.org/about/membership/application.aspx

Please note that a C.V. attachment is required with this application for the Full Membership level. Membership will be processed only when this information and payment are received.

Membership runs through the calendar year 1 January 2010 - 31 December 2010. Dues and fees valid to 31 December 2010.

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 _____ **Facsimile** _____

In what areas of APOS would you like to assist?

- Committee Member Developing funding sources Liaison to other groups Developing SIG(s)

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

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

Membership Communications

- Please DO NOT communicate with me
 Via e-mail.
 Via facsimile.
 Please DO NOT contact me for Helpline referral assistance.

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

- Full Member – Curriculum Vitae *Required* with Application \$175.00
 Associate Member – No Curriculum Vitae *Required* with Application \$175.00
 Lock in Two Years at the same low rate! Full Associate \$350.00

Psycho-Oncology – HARD COPY (12 Issues minimum) All Members \$75.00

Palliative and Supportive Care – HARD COPY (4 Issues) Full/Associate \$98.00

Journal of Cancer Survivorship – HARD COPY (4 Issues) All Members \$161.00

Special Contribution \$75.00 \$50.00 \$20.00 \$10.00 other \$ _____

Help APOS continue to develop new programs and services by adding a special contribution to your dues payment.

APOS is a 501 (c)(3) tax-exempt organization; your gift is deductible to the fullest extent allowed by law.

No goods or services will be exchanged for this special contribution.

TOTAL PAYMENT: _____

Payment Details

Payment Method VISA MasterCard American Express Check # _____

Credit Card Number _____ CV2 Code _____

The CV2 code is the 3 or 4 digit security code located on the signature strip on the back of Visa and MasterCard, on the front of American Express.

Exp. Date _____ Cardholder Printed Name _____

Signature _____

Credit Card Billing Address _____

City, State/Province _____ Country _____

Postcode _____ E-mail _____

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