2010 APOS MEMBER-IN-TRAINING 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

Please note that an advisor/department chair signature is required at the bottom of this page. Membership will be processed only when this information is complete and payment are received.

A Member-in-Training letter template is available via www.apos-society.org.

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

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

Membership includes an online subscription to Psycho-Oncology.

❑ Member-in-Training – *Letter from Advisor/Department Chair Required with Application*	$125.00
❑ *Psycho-Oncology* – HARD COPY (12 Issues minimum)	$75.00
❑ *Palliative and Supportive Care* – HARD COPY (4 Issues)	$65.00
❑ *Journal of Cancer Survivorship* – HARD COPY (4 Issues)	$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-exemptorganization; 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 MasterCards, on the front of American Express.

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 Verifcation

I verify this applicant is and/or will be enrolled, at least half-time in calendar year 2010, 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 _____