



CAPO Membership Application

Membership (please choose category)

- Full membership is open to all individuals with a university degree or registration, certification or other accreditation in a recognized health profession. Cost: \$50 CDN annually (no GST applies).
- Affiliate membership is discretionary and limited to individuals who subscribe to the purposes and objectives of the Association. Cost: \$35 CDN annually (no GST applies).
- Student membership is limited to full-time students. Cost: \$35 CDN annually (no GST applies).
- Retired membership is limited to individuals who are retired. Cost: \$35 CDN annually (no GST applies).

Payment

My membership fee is \$_____.

- Cheque enclosed. Please charge my VISA or MasterCard.

Card Number: _____ Expiry Date: _____

Name on card: _____

Member information

First Name _____ Last Name _____

Title _____ Credentials (degrees) _____

Position _____

Department _____

Institution _____

Address _____

City _____ Province/State _____

Postal/Zip Code _____ Country _____

Work Phone _____ Fax _____

Home Phone _____

E-mail _____

Discipline _____ Other Discipline _____

Years in Discipline ____ Years in Oncology ____ Languages _____

Mailings

Do you wish to receive the journal *Oncology Exchange*? Yes No

Do you wish to receive CAPO news by e-mail? Yes No

Occasionally organizations contact CAPO about purchasing its membership mailing list.

Do you wish to benefit by being included on this mailing list? Yes No

Privacy

The CAPO Web site lists our members' name, employment, address, phone and fax numbers, and e-mail address. Only other members have access to this information.

Do you wish to be on this list? Yes No

Do you wish to have your e-mail address included on this list? Yes No

Please see our web site—<http://www.CAPO.ca>—to view CAPO's privacy policy.

Committee Interest

The effectiveness of any organization depends on its members' willingness to pitch in and help each other. Please consider volunteering to help on any of the CAPO committees listed and check the appropriate box:

- Awards
- Clinical Advisory
- Communications
- Conference Planning
- Education
- Finance
- Fundraising
- Membership
- Nominations and Elections
- Policy
- Publications
- Research Advisory
- Standards Implementation
- Student Development

**Please mail this form and your cheque to
CAPO, 365 Bloor St. E., Suite 1807, Toronto, ON M4W 3L4
If paying by credit card, you may fax this form and your credit card information
to (416) 968-6818**