



Canadian Association of Psychosocial Oncology  
Association Canadienne d'Oncologie Psychosociale

## 2012 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: \$125 CDN annually (no HST applies).
- Affiliate membership is discretionary and limited to individuals who subscribe to the purposes and objectives of the Association. Cost: \$60 CDN annually (no HST applies).
- Student membership is limited to full-time students. Cost: \$60 CDN annually (no HST applies).
- Retired membership is limited to individuals who are retired. Cost: \$60 CDN annually (no HST 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 \_\_\_\_\_

**Please mail this form and your cheque to:**

CAPO, 189 Queen Street East, Suite 1, Toronto, ON M5A 1S2

If paying by credit card, you may fax this form and your credit card information to (416) 968-6818.

## 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, 189 Queen Street East, Suite 1, Toronto, ON M5A 1S2

If paying by credit card, you may fax this form and your credit card information to (416) 968-6818.