



# Association of Pediatric Oncology Social Workers

## 2012 Membership/Renewal Application

Memberships are non-transferable and valid from date of membership application through to December 31 2012

If possible please enclose a business card to insure proper spelling, or print legibly.

Name: \_\_\_\_\_ Degree/Credentials (e.g. MSW) \_\_\_\_\_

Yrs in SW: \_\_\_\_\_ Yrs in Pediatric Oncology: \_\_\_\_\_ Area of specialization/interest: \_\_\_\_\_

New member: \_\_\_\_\_ Renewing 2011 Member: \_\_\_\_\_ Previous APOSW member, but not 2011: \_\_\_\_\_ YR: \_\_\_\_\_

Preferred mail address: work \_\_\_\_\_ home \_\_\_\_\_

Mailing address (If home): \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Institution/Organization Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Membership Categories:

- Regular: \$95 US
- Associate: \$75 US  
(non SW professional)
- Non-North American Associate: \$50 US
- Student: \$50 US  
(must supply proof of status at time of application)
- Retired: \$50 US

### Institutional Discount

APOSW is pleased to offer a 10% discount when 8 or more members of the same institution join or renew at the same time, submitting their applications together with payment in the form of one check. To receive this discount application forms cannot be processed online.

Are you interested in becoming more involved in APOSW by assisting with any committees? Yes \_\_\_\_\_ No \_\_\_\_\_

Yes I am interested in helping colleagues attend the annual conference by contributing to the **Houston Tyler Rothschild Scholarship Fund** in the amount of \$ \_\_\_\_\_

Occasionally, as a revenue generating measure, the membership list is rented out to those who have something to share that we think is of interest or benefit to the membership. **Remove from rented list:** Yes \_\_\_\_\_ No \_\_\_\_\_

Please make US check or US money Order payable to APOSW (Tax ID No 25-1428562)

Mail payment with application to: Laura Scott-Lane, MSW, RSW  
APOSW Membership Chair  
H · O · T Program, Unit 1 (Rm A1-132)  
Alberta Children's Hospital,  
2888 Shaganappi Trail NW  
Calgary, AB Canada T3B 6A8