



ASSOCIATION OF PEDIATRIC
ONCOLOGY SOCIAL WORKERS

2018 Membership/Renewal Application

Memberships are non-transferable and valid from date of membership application through to December 31, 2018

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 2017 Member: _____ Previous APOSW member, but not 2017 _____ YR: _____

What year did you join APOSW for the first time: _____

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: \$50 US
- Student: \$50 US
(must supply proof of status at time of application)
- Retired: \$50 US
- 2 Year Regular Member (Savings- \$15): \$175 US
- 3 Year Regular Member (Savings- \$45): \$240 US

Institutional Discount

APOSW offers 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: **Wendy Shama MSW, RSW**
APOSW Membership Chair
SickKids, Department of Social Work
555 University Avenue
Toronto ON Canada M5G1X8