



## Goals

- Promote the highest professional standards and ethics in practice of oncology social work.
- Foster communication and support among oncology social workers.
- Advance oncology social work practice and knowledge through regional and state continuing education.
- Advocate for programs and policies to meet the psychosocial needs of oncology patients and their families.
- Promote liaison activities with the American Cancer Society and other professional organizations.

## Membership (Application Below)

FSOSW members are oncology social workers or other professionals who provide a wide variety of direct patient services in public and private health care institutions and agencies. Some members hold positions of administration, education, and research directly related to the common mission of providing quality psychosocial support services to cancer patients and their families.

- Full FSOSW members have an undergraduate or graduate degree in social work and are actively engaged in clinical practice, administration, education, or research in oncology social work.
- Associate members are other professionals who are functioning in a psychosocial oncology role without a professional social work degree, or those who are interested in supporting the purpose of FSOSW.
- Students in accredited social work degree programs may enroll for associate student membership.

## Benefits

- Professional development through continuing education at regional meetings and conferences.
- Support from individuals working in similar areas through the organization's network.
- A quarterly newsletter which includes current news on clinical, educational, and research activities, relevant public issues, meeting announcements, career opportunities and more.
- A yearly membership directory to increase opportunities to network.
- Discount on the FSOSW Annual Conference which provides professional presentations, panels, and workshops addressing the clinical, academic, and administrative topics of interest to oncology social workers.

## Membership Application

Please type in your information, then click print when finished

**Name:** \_\_\_\_\_

Click one please:

BSW      MSW      LCSW      LMHC      Other

Preferred mailing address:      Work      Home

### Work:

\*Please provide your work information for our membership directory, even if you prefer to receive mailings at your home address.

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    )                      ext.                      Fax:                      E-Mail: \_\_\_\_\_

### Home:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    )                      E-Mail: \_\_\_\_\_

<b>New Member:</b>	Full \$25	Associate \$10	Student \$10
<b>Renewal:</b>	Full \$25	Associate \$10	Student \$10
<b>Renewal after January 31st:</b>	Full \$30	Associate \$15	Student \$15

For Office Use Only

Region.....
Amount Paid
Date Processed
Membership Cycle
Renewal Date