



EXCELLENCE IN
PSYCHOSOCIAL ONCOLOGY

SPECIAL INTEREST GROUP APPLICATION FORM

Date of Application: _____

Name of AOSW Member completing application:

Daytime phone: _____ Email address:

Proposed Name of Special Interest Group:

Number of Active AOSW Members Interested: _____

(Must have at least ten signatures; or ten emails attached to this application – each one from an AOSW member confirming his or her interest in the SIG)

Proposed SIG

Chair(s):

Name _____ Institutional Affiliation:

Preferred Mailing Address:

Email: _____ Daytime Phone: _____ Fax:

Name _____ Institutional Affiliation:

_____ Preferred Mailing Address:

Email: _____ Daytime Phone: _____ Fax:

1. Describe the perceived need for the proposed SIG in AOSW and how this proposal came about:

Upon completion, please return to: Association of Oncology Social Work
1 Parkview Plaza, Ste. 800
Oakbrook Terrace, IL 60181
Phone: +1-847-686-2233
Fax: +1-847-686-2253
E-mail: info@aosw.org

2. Describe how this SIG could serve the membership & goals of AOSW:

3. List potential goals of this SIG:

4. List potential activities, resources, or tools this SIG may develop:

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