

ASPHO encourages membership among trainees throughout the course of their fellowship, providing career development, advanced knowledge, and professional network resources for pediatric hematology/oncology subspecialists. By completing this form, program directors can sign up their institution's trainees for ASPHO membership to support their professional development. Memberships for trainees in years 1–3 of a PHO Fellowship are available for \$55, or \$105 with 100 self-assessment questions as part of the membership package.

Trainee members must be enrolled and in good standing in an accredited fellowship program with enrollment verified by a program director. Trainee members may serve on Society committees and participate in special interest groups. Trainees receive full member benefits including a personal subscription to ASPHO's official journal, *Pediatric Blood & Cancer*.

To be completed by program director

Name _____ Credentials _____

Preferred Mailing Address (home work) _____

City _____ State _____ ZIP _____

Alternate Mailing Address (home work) _____

City _____ State _____ ZIP _____

Phone (home cell) _____ E-mail (home work) _____

National Provider Identifier (NPI) _____ Anticipated Year of Fellowship Completion _____

Membership Options

\$55 Trainee Membership

\$105 Trainee Membership

plus

100 Self-Assessment Questions

Subtotal \$ _____

Name _____ Credentials _____

Preferred Mailing Address (home work) _____

City _____ State _____ ZIP _____

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City _____ State _____ ZIP _____

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\$105 Trainee Membership

plus

100 Self-Assessment Questions

Subtotal \$ _____

Total \$ _____

I verify that all the individuals listed above are currently employed at _____ (name of institution).

Program Director Name/Credentials _____ Date _____

Signature _____ Department _____

Institution _____

Address _____

City _____ State _____ ZIP _____

Form of Payment (Payment must be in U.S. funds only.)

MasterCard Visa American Express Discover Check (Payable to the American Society of Pediatric Hematology/Oncology)

Account Number _____ Expiration Date _____

Signature _____

Please return the completed form to ASPHO Member Services by fax (847.375.6483) or mail to:

American Society of Pediatric Hematology/Oncology, PO Box 88019, Chicago, IL, 60680-1019

Questions? The Member Services team can be reached by phone 8 am–6 pm CT at 847.375.4716.