

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. Trainee memberships are available for \$50, or \$100 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	Membership Options
Preferred Mailing Address (			□ \$50 Trainee Membership
City	State	ZIP	
Alternate Mailing Address ( home work)			plus
City	State	ZIP	100 Self-Assessment Questions
Phone ( home cell)	E-mail ( home work)		Subtotal \$
National Provider Identifier (NPI)	Anticipated Year of	f Fellowship Completion	
Name		Credentials	Membership Options
Preferred Mailing Address ( home work)			
City	State	ZIP	
Alternate Mailing Address ( home work)			plus
City			
Phone ( home cell)			
National Provider Identifier (NPI)	Anticipated Year or	f Fellowship Completion	
Name		Credentials	Membership Options
Preferred Mailing Address ( home work)			□ \$50 Trainee Membership
City	State	ZIP	
Alternate Mailing Address ( home work)			plus
City	State	ZIP	100 Self-Assessment Questions
Phone ( home cell)	E-mail (🗖 home	<b>J</b> work)	Subtotal \$
National Provider Identifier (NPI)	Anticipated Year of	f Fellowship Completion	
			Total \$
I verify that all the individuals listed above are currently employed at		(name of institution).	
Program Director Name/Credentials			_ Date
Signature	De	epartment	
Institution			
Address			
City		State	ZIP
Form of Payment (Payment must be in U. MasterCard Visa American Express			

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 8:30 am-5 pm CT at 847.375.4716.