

Member categories are described on aspho.org. Trainee, resident, and medical student applicants must provide attestation information below for ASPHO confirmation. A [Group Trainee Membership Application](#) is available for enrolling multiple fellows from an institution.

<input type="checkbox"/> Regular Member.....	\$405
<input type="checkbox"/> Regular Member, 2-year membership.....	\$810
<input type="checkbox"/> Allied Member	\$180
<input type="checkbox"/> Trainee Member (first, second, and third years)*.....	<input type="checkbox"/> \$50 membership only <input type="checkbox"/> \$100 membership with 100 self-assessment questions
<input type="checkbox"/> Trainee Member (fourth year).....	\$135
<input type="checkbox"/> Resident	\$50
<input type="checkbox"/> Medical Student	\$35
<input type="checkbox"/> International Member (<i>high- and upper-middle-income economies</i> [†]).....	\$405
<input type="checkbox"/> International Member (<i>lower middle-/low-income economies</i> [†])	\$95

[†]Refer to World Bank data.

The following information is required. Only professional affiliation and contact information will be published in the online membership directory.

Name _____ Credentials _____
(first) (middle initial) (last)

Institution/Hospital or University _____

Institution Address _____

City/State/ZIP or Postal Code _____ Country _____

Daytime Phone _____ E-Mail _____

If you prefer to receive ASPHO mailings at home, please provide your home address:

Home Address _____

City/State/ZIP or Postal Code _____ Country _____

☐ I am program director for trainee member or resident applicant: _____
(Program Director Name) (Credentials)

☐ I am program dean for medical student member applicant: _____

(Program Dean Name) (Credentials)

Year of Program Completion: ____

Institution _____ Program Director/Dean E-Mail _____

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

Account Number _____ Expiration Date _____

Signature _____

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