:::: aspho Membership Application

• The American Society of ASPH0—Dedicated to supporting and empowering the pediatric hematology and oncology medical and scientific community.

Please complete this form and provide all information requested.

Member categories are described on aspho.org. Trainee, resident, and medical student applicants must provide attestation information below for ASPHO confirmation. A <u>Group Trainee Membership Application</u> is available for enrolling multiple fellows from an institution.

Membership Type (Please check the membership status that applies to you.)

Regular Member	\$405
Regular Member, 2-year membership	
Allied Member	\$180
□ Trainee Member (first, second, and third years)*□ \$50 membership only	\$100 membership with 100 self-assessment questions
Trainee Member (fourth year)	\$135
Resident	\$50
Medical Student	\$35
□ International Member (high- and upper-middle-income economies [†])	
□ International Member (lower middle-/low-income economies [†])	\$95
*First- through third-year trainee memberships are available for \$50, or \$100 with 100 self-assessme	ent questions as part of the membership package.

General Information

[†]Refer to World Bank data.

The following information is required. Only professional affiliation and contact information will be published in the online membership directory. □ Please check here if you do NOT want to be listed in the online directory.

		Crede	ntials	
(middle initial)		(last)		
	Country			
	E-Mail			
		sses.		
ngs at home, please provide y	our home address:			
	Country			
ent applications require prog	ram director/dean ve	erification, with additional	information required for resident and	
pho.org/membership).				
member or resident applicant:		ram Director Name)	(Credentials)	
udent member applicant:		,	, , , , , , , , , , , , , , , , , , ,	
			(Credentials)	
	Program [Director/Dean E-Mail		
st be in U.S. funds only.)				
can Express 📮 Discover	Check (Payable to	the American Society of Pe	ediatric Hematology/Oncology)	
		Expiration Date		
to ASPHU Member Services b	v tax (847.375.648)	s) or mail to:		
	Students: Please add home an ngs at home, please provide ye lent applications require progr spho.org/membership). member or resident applicant: cudent member applicant: st be in U.S. funds only.) ican Express	(middle initial)	(middle initial) (last) (last) (last)	

Questions? The Member Services team can be reached by phone 8 am-5:30 pm CT at 847.375.4716 or at www.aspho.org.