

Application

Please complete this form and provide all information requested.

Have your application signed by a current member of ASPHO (see below).

If you are a trainee, you must provide a letter of recommendation from your training program director.

Submit your COMPLETED application with payment to ASPHO.

General Information (Please print or type.)

The following information is required to complete your application process.

Name _____ Degrees _____

Title/Department _____

The following information is *required*. Only professional affiliation and address information will be published in the Member Directory.

Facility/Hospital or University _____

Facility Address _____

City/State/Zip _____

Office Phone _____

Office Fax _____

E-mail Address _____

Preferred mailing address: Office (as above) Home

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

Home Address _____

Home City/State/Zip _____

Membership Categories and Annual Dues:

Select the category of membership for which you are applying.
See descriptions within the application brochure.

Active Member* \$335

Affiliate Member*

Without optional Journal..... \$50

With optional Journal..... \$75

Trainee Member**

First-year Fellow \$ No charge

Second-year Fellow..... \$ No charge

Third-year Fellow..... \$ No charge

Fourth-year Fellow \$115

Fifth-year Fellow \$115

* Membership applications must be endorsed and signed by a current member of ASPHO. For a list of members, go to the ASPHO Web site (www.aspho.org) and select the directory of pediatric hematologists/oncologists.

** Applicants for trainee membership must provide a letter of recommendation from their training program director. Please include this recommendation with your application

I recommend this individual for membership in ASPHO.

Member Name (please print) _____

Member Signature _____ Date _____

Form of Payment

Payment must be in U.S. funds only.

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

Account number _____ Expiration Date _____

Signature _____

Mail your completed application and payment to:

Membership Coordinator, The American Society of Pediatric Hematology/Oncology

4700 W. Lake Avenue, Glenview, IL 60025-1485

847/375-4716, Fax 877/734-9557, International Fax 732/460-7323

Questions?
Please call ASPHO's
Member Services Department
at 847/375-4716.

optimal care
ASPHO is a multidisciplinary organization dedicated
advancing research
to promoting optimal care of children and adolescents
education
with blood disorders and cancer by advancing research,
professional practice
education, treatment, and professional practice.



The American Society of
Pediatric Hematology/Oncology

Membership Application

advancing research

ASPHO is the only professional organization dedicated solely to the professional development and interests of subspecialists in pediatric hematology/oncology.

The American Society of Pediatric Hematology/Oncology (ASPHO) is a multidisciplinary organization dedicated to promoting optimal care of children and adolescents with blood disorders and cancer by advancing research, education, treatment, and professional practice. ASPHO was founded in 1981 and currently has more than 1,300 members.

The goals of the society include serving members' educational needs, fostering and presenting current research, monitoring and addressing emerging specialty training issues, advocating for members and the patients they treat, addressing professional practice concerns, facilitating communication among members, and providing a forum in which members can address other issues of common concern.

ASPHO encourages volunteer involvement and welcomes contributions to the society's publications and Web site.

As an ASPHO member, you have an opportunity to make a difference through your personal involvement.



The American Society of
Pediatric Hematology/Oncology

Membership dues are not deductible as charitable contributions. Membership dues may be deductible as an ordinary and necessary business expense. Consult your tax advisor for information. Journal subscription: Payment of membership dues entitles members to a subscription to *Pediatric Blood & Cancer*, as indicated in the Membership Benefits for each category of membership. Of the total dues paid, \$60 is allocated to the *Pediatric Blood & Cancer* subscription.

optimal care

MEMBERSHIP BENEFITS

- ***Pediatric Blood & Cancer***, the official journal of ASPHO. The journal is published monthly and includes manuscripts describing basic and clinical investigations of blood disorders and malignant diseases of childhood, including diagnosis, treatment, epidemiology, etiology, biology, and molecular and clinical genetics of these diseases as they affect children, adolescents, and young adults. *Pediatric Blood & Cancer* also will include studies on treatment options such as hematopoietic stem cell transplantation, immunology, and gene therapy.
- ***Annual Membership Directory***, an excellent networking and referral tool
- ***President's Letter* newsletter**, bringing news and updates from society leaders and committees
- **Members-only registration discounts** at the Annual Meeting and Review Course
- **ASPHO Forum**, an e-mail discussion group exclusively for society members
- **Opportunities** to address issues of common concern and to further professional development by participating in committees or work groups

education

MEMBERSHIP CATEGORIES

Active membership status is granted to individuals who hold an MD, PhD, or equivalent degree and who are actively engaged in clinical, research, educational, or administrative aspects of pediatric hematology/oncology or in an allied discipline.

Trainee membership status may be granted to any individual who is pursuing training in a pediatric hematology/oncology fellowship on the recommendation of his or her training program director. Trainees must be within the first 5 years of fellowship training to be eligible for this special membership.

Affiliate membership status may be granted to active members of any nationally recognized professional organization whose focus is children with hematologic or oncologic diseases. Affiliate members may choose the option of receiving the journal, *Pediatric Blood & Cancer*, with their membership.

Rights and privileges—ASPHO members in good standing are equally privileged to attend all meetings and to take part in all proceedings and membership benefits. However, the rights to vote and to hold office are limited to Active members.

professional
practice