

SIOPE Membership Application

For members of a National Society of Paediatric Haematology Oncology

PLEASE COMPLETE AND RETURN THIS FORM TO THE NATIONAL SOCIETY OF PAEDIATRIC HAEMATOLOGY ONCOLOGY

I wish to become a **full SIOPE member**. Yes No

I accept an annual fee for full SIOPE membership, as agreed by the National Society of Paediatric Haematology Oncology (NaPHOS), and I permit that my NaPHOS will share my contact details with SIOPE. I agree to receive updates from SIOPE.

Contact details (for update purposes only):

▪ Family name / First name:

▪ Profession / specialisation:

Paediatric Oncologist
(please specify your speciality).....

Other
(please specify your profession).....

▪ Professional contact details

Address:

Email:

phone nr.:

On special requests, I agree to share my professional contact details on the SIOPE Intranet with other SIOPE members Yes No

I expressly do NOT wish to become/be anymore a SIOPE member¹

Signature and date

¹ Please note: your contribution and voice is needed within the European paediatric oncology community to meet the needs of children and young people with cancer