

2024 SIOPE Membership Application

For members of a National Society of Paediatric Haematology Oncology

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

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

Contact details (for update purposes only):

Family name & First name:

.....

Profession / specialisation:

Paediatric Oncologist (specify your speciality)

.....

Other (specify your profession)

.....

Professional contact details:

Postal Address:

.....

Email Address:

Phone Number:

I read and understood the [SIOPE Privacy Policy](#) and agree to receive newsletters and other relevant updates to the provided email address Yes No

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

Signature and Date

¹ *Your contribution and voice is needed within the European paediatric oncology community to meet the needs of children and young people with cancer*