

## Member in Training Applicant Information

Available to physicians and other health professionals at the doctoral level participating in a training program in oncology or a related specialty. **Annual Dues: FREE**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Organization: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Neighborhood \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

### Completed Education Background (please list your highest degree achieved):

Degree: \_\_\_\_\_ Year Received: \_\_\_\_\_ Organization: \_\_\_\_\_

### Current Residency Program Information:

Training Program Specialty: \_\_\_\_\_

Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Program Director/Supervisor Name: \_\_\_\_\_

### Communication Preferences – What type of emails do you want to receive from ASCO?

- Major ASCO Announcements & Membership Information
- Resources for Clinicians & Practices
- Meeting and Symposia
- ASCO Journals and Oncology News
- Professional Development Opportunities
- Media Alerts
- ASCO Research Forum
- Global Oncology Interest Group

### Additional Preferences

- Yes, I'd like my name listed in the ASCO Membership Directory.

What prompted you to Join: \_\_\_\_\_

I Would Like Additional Information About : \_\_\_\_\_

**Applicant Signature**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_