



Application/Renewal form for ASPO Membership (Federal EIN# :13-2945877)

1. Print or Type Your Name And Address (journal will be sent to this address)

Print full name and degree _____

Address line 1 _____

Address line 2 _____

City, State / province., Zip / postal code, Country _____

Phone: _____ **Fax:** _____ **E-mail:** _____

2. Please mark Special Interest Groups you prefer

- Chemoprevention _____
- Diet & Nutrition _____
- Molecular Epidemiology _____
- Cancer Screening _____
- Tobacco _____
- Behavioral Oncology & Cancer Communication _____
- Young Investigators (<3 years post-grad) _____
- Survivorship _____
- International Cancer Prevention _____

3. Submit Your Membership Dues

Full Active Member membership	\$250
Multiple Year Discount: (3-year membership x \$230/year)	\$690
Student/ Post-Doc Trainee (no journal)	\$35
Emeritus Member (retired or >70 yrs)	
Emeritus without Journal	\$0
Emeritus with a subscription to Journal	\$85
Voluntary Contribution to New Investigators Workshop _____	
TOTAL AMOUNT ENCLOSED _____	

ASPO dues are valid for the CALENDAR YEAR. Included in your ASPO membership is a subscription to the journal *Cancer Epidemiology, Biomarkers and Prevention*. Renewals must be received by December 31 to ensure an uninterrupted subscription. ASPO membership also entitles you to an \$100 savings on the Annual Meeting Registration Fee.

Payment Options:

____ Enclosed is my check payable to American Society of Preventive Oncology (U.S. dollars only). Mail to address below.

Charge to my VISA: _____ MasterCard _____ Account No. _____

Expiration date _____ Name on Card _____

V-Code (3 digit number on back of card): _____

You may complete this transaction by phone, fax or e-mail at contact below.

Please send your:

- 1. completed application form
- 2. annual dues payment

To: Heidi Sahel,
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