

**Affiliate Member Application Form**

##### Members of European Society for Pediatric Research or Asian Society for Pediatric Research Requesting SPR Affiliation

***New Requests Only*** (Individuals who are already SPR affiliate members should not complete this form)

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| Applicant Information | | | | | |
| Date of Submission | |  | | | |
| Full Name with Degree | |  | | | |
| Date of Birth | |  | | | |
| Member of which society | | 🞏 **ESPR** 🞏 **ASPR** | | | |
| Gender | | 🞏 Male 🞏 Female | | | |
| **Professional Mailing Address** | | | | | |
| Academic Title | |  | | | |
| Department or Division | |  | | | |
| Institution | |  | | | |
| Street Address/Box # | |  | | | |
| City, State/Province | |  | | | |
| Country | |  | | | |
| Postal Code | |  | | | |
| Country Code |  | City Code |  | Telephone # |  |
| Country Code |  | City Code |  | Fax # |  |
| E-Mail Address | |  | | | |
| Pediatric Subspecialty or  Area of Interest | |  | | | |
| SPR Affiliate Dues are $35.00 USD Upon completion of your application being approved you will obtain information via email on how to pay your dues online. | | | | | |

Email the completed application form to [info@societyforpediatricresearch.org](mailto:info@societyforpediatricresearch.org).

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