

**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 orArea of Interest |  |
| SPR Affiliate Dues are $35.00 USDUpon 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.

9303 New Trails Dr, Suite 350, The Woodlands, TX 77381

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