



## 2013 Membership Application

SAYAO membership will be valid for January 1-December 31, 2013.

### Membership Categories

Charter Member \$350

Friends of SAYAO \$ \_\_\_\_\_

(Special inaugural year membership with ongoing recognition in the *Journal* and on the Society website continued through July 2013)

Members may make an additional contribution to the Society, and non-members are encouraged to support our important work as well.

Institutional Member \$550  
 Member \$300  
 Allied Health Professional \$150  
 Student \$90

**Total:** \$ \_\_\_\_\_

### Member Information

1. Speciality

Oncology     Hematology     Surgery     Radiology     Endocrinology     Nursing  
 Social Work     Research     Other (please specify \_\_\_\_\_)

2. I authorize SAYAO to list my contact information in the SAYAO Member Directory  yes     no     name only

3. I prefer to be contacted by :  e-mail     regular postal mail     phone

### Contact Information

Name \_\_\_\_\_ Degree(s) \_\_\_\_\_

Primary title \_\_\_\_\_

Primary institution/affiliation \_\_\_\_\_

Dept. \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please complete if applicable:

Medical degree and license number \_\_\_\_\_

State/Country in which licensed \_\_\_\_\_

Medical school and year of graduation \_\_\_\_\_

Other type of license and number \_\_\_\_\_

### Payment Options

Enclosed is my check/money order for \$ \_\_\_\_\_

*(All checks must be made payable to the Society for Adolescent and Young Adult Oncology in U.S. currency and drawn on a U.S. bank.)*

Charge \$ \_\_\_\_\_ to:

Visa/MasterCard     American Express     Discover

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

140 Huguenot Street, 3<sup>rd</sup> Floor • New Rochelle, New York 10801

Phone 914-740-2242

sayao@sayao.org • www.sayao.org