



THE
AMERICAN
SOCIETY
OF HUMAN
GENETICS

2017 Membership Form

9650 Rockville Pike · Bethesda, Maryland 20814-3998
Phone (301) 634-7300 • Toll free: (1-866) HUMGENE • <http://www.ashg.org/>
Email: membership@ashg.org

Mail completed application, including member information form, and remittance to the above address.
Type or print. Use the URL above to apply online.

Name _____
Last First Middle

Email _____ Assistant email _____

Department _____

Institution _____

Street address _____

City, state, zip, country _____

Telephone () _____ Fax () _____
Area code Area code

Website _____ ORCID ID: _____ Twitter Handle @ _____

MEMBERSHIP CATEGORIES

Regular

Staff, faculty, clinicians, technicians and other genetics professionals

Regular + ESHG

Staff, faculty, clinicians, and other genetics professionals joining both ASHG and the European Society of Human Genetics

Spouse/Partner

Joint membership for two regular members in one household sharing a journal subscription

Early-Career

Early-career genetics professionals who have completed training within the last three years

Emeritus

Retired genetics professionals who have been ASHG members for the past 5 consecutive years

DUES PAYMENT \$ _____ 1

Check one box below and enter dues payment on line 1

ASHG membership dues are on a calendar year basis (January 1-December 31) unless otherwise specified.

Membership type	AJHG print and online					AJHG online only				
	1 year	2 years	3 years	5 years	10 years	1 year	2 years	3 years	5 years	10 years
Regular	<input type="checkbox"/> \$190	<input type="checkbox"/> \$342	<input type="checkbox"/> \$513	<input type="checkbox"/> \$855	<input type="checkbox"/> \$1710	<input type="checkbox"/> \$190	<input type="checkbox"/> \$342	<input type="checkbox"/> \$513	<input type="checkbox"/> \$855	<input type="checkbox"/> \$1710
Regular + ESHG	<input type="checkbox"/> \$240					<input type="checkbox"/> \$240				
Spouse/Partner	<input type="checkbox"/> \$230					<input type="checkbox"/> \$230				
Early-Career						<input type="checkbox"/> \$190				
Emeritus	<input type="checkbox"/> \$60					<input type="checkbox"/> \$0				

Check here if you do not wish to receive commercial mailings.

OPTIONAL CONTRIBUTION TO ASHG GENERAL FUND:

\$250 \$100 \$50 \$25 Other \$ _____ \$ _____ 2

TOTAL REMITTANCE ENCLOSED \$ _____ 3

Payment may be made via money order; a check drawn on a U.S. bank, in U.S. currency only, and made payable to The American Society of Human Genetics; or MasterCard, Visa, American Express (AMEX), or Discover credit card. Checks drawn on foreign banks cannot be accepted. Persons in countries with currency restrictions should contact the Administrative Office for assistance, at membership@ashg.org.

CREDIT CARD REMITTANCE - Please type or print clearly

Check type of card:

MasterCard Visa AMEX Discover (no other cards accepted)

Cardholder name _____ C.V.V.# _____

Credit card number _____ Expiration date _____

Signature _____

Where is the C.V.V. number?

Visa, MasterCard, and Discover: The card security number is the 3-digit number located on the back of your card, usually at the top of the signature strip.

American Express Users

Look for the 4-digit number printed on the front of your card. Depending on which card you have, you'll find this number in small type above your credit card's main number on either the left or right side.

PLEASE NOTE:

ASHG is qualified as a 501(C) (3) non-profit organization. Dues and contributions are deductible as allowed by law.



Dues for all membership categories are for one calendar year (January 1 through December 31), except for multiple-year options. Members providing payment after January 1 will receive the next month's printed journal and subsequent printed issues. No back issues will be mailed.

ASHG 2017: Member Information Form

NAME: _____

(Please type or print)

PRIMARY AFFILIATION *Check one:*

MEDICAL SCHOOL DEPTS.

- A. ___ Genetics
- B. ___ Pediatrics
- C. ___ Pathology
- D. ___ Psychiatry/Psychology
- E. ___ Medicine
- F. ___ Ob/Gyn

- G. ___ Repro. Med.
- H. ___ Neurology
- I. ___ Family Medicine
- J. ___ Hospitals and Clinics
- K. ___ HMO

OTHER

- L. ___ Dental Schools
- M. ___ Pub Hlth & Grad School
- N. ___ College or University
- O. ___ Nursing School
- P. ___ Veterinary School
- Q. ___ Priv Practice/Consultant
- R. ___ Commercial Company
- S. ___ Institute/Foundation
- T. ___ Federal Gov't
- U. ___ State/Local Gov't
- V. ___ Retired
- W. ___ Other
- X. ___ Consultant
- Y. ___ Non-profit

See box at right for codes:

Earned Degrees

Academic Rank

Position

Degree Code

- A. MD
- B. PhD
- C. MSW
- D. DVM
- E. SCD
- F. DDS or DMD
- G. EDD
- H. MS
- I. MA
- J. MSN
- K. JD
- L. MPH
- M. RN
- N. BSN
- O. BS or BA
- P. Other
- Q. DO
- R. OD
- S. MD/PhD
- T. PharmD

MAJOR TYPE OF WORK *Check one that accounts for more than 50% of your time:*

- A. ___ Research B. ___ Teaching C. ___ Administration D. ___ Clinical E. ___ Counseling

SECONDARY TYPE OF WORK *Check one if it represents a significant portion of time and is different from your major type of work:*

- A. ___ Research B. ___ Teaching C. ___ Administration D. ___ Clinical E. ___ Counseling

LABORATORY SETTING *If you are primarily in a laboratory setting, indicate focus:*

- A. ___ private diagnostic/reference lab
 B. ___ univ-affiliated diagnostic/reference lab
 C. ___ government-affiliated research lab
 D. ___ private research lab
 E. ___ univ-affiliated research lab

Academic Rank Code

- A. Professor
- B. Associate Professor
- C. Assistant Professor
- D. Instructor
- E. Nonfaculty

Position Code

- A. Dean
- B. Department Chair
- C. Division Chief
- D. Institute Center Director
- E. Laboratory Director
- F. Training Program Director
- G. Research Program Director
- H. Program Coordinator/Administrator
- I. Senior Research Associate
- J. Research Associate
- K. Research Assistant
- L. Genetic Counselor
- M. Postdoctoral Research Fellow
- N. Postdoctoral Clinical Fellow
- O. Resident
- P. Graduate Student
- Q. Private Practice
- R. Corporate Executive
- S. Consultant
- T. Other
- U. Principal Investigator/Professor
- V. Nursing Professional

SPECIAL INTEREST AREAS *Do not check more than four:*

- A. ___ bioinformatics/genomic technology
- B. ___ cancer genetics
- C. ___ cardiovascular genetics
- D. ___ clinical genetics/dysmorphology
- E. ___ clinical genetic testing
- F. ___ complex traits/polygenic disorders
- G. ___ cytogenetics
- H. ___ development
- I. ___ epigenetics
- J. ___ ethical, legal, social/policy issues
- K. ___ evolutionary/population genetics
- L. ___ genetic counseling
- M. ___ genetics/genomics education
- N. ___ genome structure, variation/function
- O. ___ health services research
- P. ___ molecular basis of Mendelian disorders
- Q. ___ pharmacogenetics
- R. ___ prenatal, perinatal/reproductive genetics
- S. ___ psychiatric genetics, neurogenetics, neurodegeneration
- T. ___ public health genetics
- U. ___ statistical genetics/genetic epidemiology
- V. ___ therapy for genetic disorders

CURRENT GRANT SUPPORT *Check all that apply (US and Canadian members only):*

- A. ___ NSF (NSERC in Canada)
- B. ___ NIH (CIHR) training grant
- C. ___ private industry
- D. ___ NIH (CIHR in Canada)
- E. ___ postdoc fellowship
- F. ___ private foundation or charity
- G. ___ state
- H. ___ province
- I. ___ institutional
- J. ___ other national agencies
- K. ___ HHMI
- L. ___ MRC
- M. ___ Wellcome

DESIGNATIONS(S) FOR YOUR RESEARCH *You may check more than one:*

- A. ___ Applied clinical research
- B. ___ Applied lab research
- C. ___ Applied mathematical research
- D. ___ Basic clinical research
- E. ___ Basic lab research
- F. ___ Basic mathematical research
- G. ___ Other
- H. ___ ELSI/education/policy

OPTIONAL:

Check Box(es):

Year of Birth: _____

Sex: F M

- A. American Indian, Alaska Native
- B. Asian
- C. Black or African American
- D. Hispanic, Latino, or of Spanish Origin
- E. Native Hawaiian or Other Pacific Islander
- F. White
- G. Other
- H. Multiple Race/Ethnicity
- I. Unknown Race/Ethnicity