



# 2017 Trainee Membership Form

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Phone (301) 634-7300 • Toll free: (1-866) HUMGENE • <http://www.ashg.org/>  
Email: [membership@ashg.org](mailto: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

### Trainee—Resident/Clinical Fellow

Advanced-degree genetics professionals in training for clinical positions

### Trainee—Resident/Clinical Fellow + ESHG

Advanced-degree genetics professionals in training for clinical positions joining both ASHG and the European Society of Human Genetics

### Trainee—Postdoc

Advanced-degree genetics professionals working as postdoctoral fellows

### Trainee—Postdoc + ESHG

Advanced-degree genetics professionals working as postdoctoral fellows joining both ASHG and the European Society of Human Genetics

### Trainee—Grad

Students working toward a post-baccalaureate degree

### Trainee—Grad + ESHG

Students working toward a post-baccalaureate Degree joining both ASHG and the European Society of Human Genetics

### Trainee—Undergrad

Students working toward a bachelor's degree

### Trainee—Undergrad + ESHG

Students working toward a bachelor's degree joining both ASHG and the European Society of Human Genetics

### Early-Career

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

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

DUES PAYMENT ..... \$ \_\_\_\_\_ 1

Check one box below and enter dues payment on line 1

| Membership type                               | AJHG print and online         | AJHG online only               |
|---|-------------------------------|--------------------------------|
|   | 1 year                        | 1 year                         |
| Trainee - Resident/<br>Clinical Fellow        | <input type="checkbox"/> \$70 | <input type="checkbox"/> \$50  |
| Trainee - Resident/<br>Clinical Fellow + ESHG | Option not available          | <input type="checkbox"/> \$89  |
| Trainee - Postdoc                             | <input type="checkbox"/> \$70 | <input type="checkbox"/> \$50  |
| Trainee - Postdoc + ESHG                      | Option not available          | <input type="checkbox"/> \$89  |
| Trainee - Grad                                | <input type="checkbox"/> \$70 | <input type="checkbox"/> \$50  |
| Trainee - Grad + ESHG                         | Option not available          | <input type="checkbox"/> \$89  |
| Trainee - Undergrad                           | Option not available          | <input type="checkbox"/> \$25  |
| Trainee - Undergrad + ESHG                    | Option not available          | <input type="checkbox"/> \$89  |
|   |                               | <b>3 years</b>                 |
| Early-Career                                  | Option not available          | <input type="checkbox"/> \$190 |

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](mailto: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:*

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>A. ___ bioinformatics/genomic technology</li> <li>B. ___ cancer genetics</li> <li>C. ___ cardiovascular genetics</li> <li>D. ___ clinical genetics/dysmorphology</li> <li>E. ___ clinical genetic testing</li> <li>F. ___ complex traits/polygenic disorders</li> <li>G. ___ cytogenetics</li> <li>H. ___ development</li> <li>I. ___ epigenetics</li> <li>J. ___ ethical, legal, social/policy issues</li> <li>K. ___ evolutionary/population genetics</li> </ul> | <ul style="list-style-type: none"> <li>L. ___ genetic counseling</li> <li>M. ___ genetics/genomics education</li> <li>N. ___ genome structure, variation/function</li> <li>O. ___ health services research</li> <li>P. ___ molecular basis of Mendelian disorders</li> <li>Q. ___ pharmacogenetics</li> <li>R. ___ prenatal, perinatal/reproductive genetics</li> <li>S. ___ psychiatric genetics, neurogenetics, neurodegeneration</li> <li>T. ___ public health genetics</li> <li>U. ___ statistical genetics/genetic epidemiology</li> <li>V. ___ therapy for genetic disorders</li> </ul> |
|---|---|

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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>A. ___ NSF (NSERC in Canada)</li> <li>B. ___ NIH (CIHR) training grant</li> <li>C. ___ private industry</li> <li>D. ___ NIH (CIHR in Canada)</li> <li>E. ___ postdoc fellowship</li> <li>F. ___ private foundation or charity</li> <li>G. ___ state</li> </ul> | <ul style="list-style-type: none"> <li>H. ___ province</li> <li>I. ___ institutional</li> <li>J. ___ other national agencies</li> <li>K. ___ HHMI</li> <li>L. ___ MRC</li> <li>M. ___ Wellcome</li> </ul> |
|---|---|

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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>A. ___ Applied clinical research</li> <li>B. ___ Applied lab research</li> <li>C. ___ Applied mathematical research</li> <li>D. ___ Basic clinical research</li> </ul> | <ul style="list-style-type: none"> <li>E. ___ Basic lab research</li> <li>F. ___ Basic mathematical research</li> <li>G. ___ Other</li> <li>H. ___ ELSI/education/policy</li> </ul> |
|---|---|

**OPTIONAL:**

**Check Box(es):**

Year of Birth: \_\_\_\_\_

Sex: F  M

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>A. <input type="checkbox"/> American Indian, Alaska Native</li> <li>B. <input type="checkbox"/> Asian</li> <li>C. <input type="checkbox"/> Black or African American</li> </ul> | <ul style="list-style-type: none"> <li>D. <input type="checkbox"/> Hispanic, Latino, or of Spanish Origin</li> <li>E. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</li> <li>F. <input type="checkbox"/> White</li> </ul> | <ul style="list-style-type: none"> <li>G. <input type="checkbox"/> Other</li> <li>H. <input type="checkbox"/> Multiple Race/Ethnicity</li> <li>I. <input type="checkbox"/> Unknown Race/Ethnicity</li> </ul> |
|--|--|--|