



2018 Trainee 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 () _____ Mobile () _____
Area code Area code
Website _____ ORCID ID: _____ Twitter Handle @ _____

Would you be interested in ASHG volunteer opportunities? If yes, please select those opportunities that would interest you.

- Mentorship opportunities Serving on an ASHG Committee or Working Group Serving as a reviewer for DNA Day Writing for the ASHG blog
- Outreach activities through the Genetics Education Outreach Network (GEON) Other general volunteer opportunities

Check one box below and enter dues payment on line 1

Trainee Membership	Membership Price	AJHG Print	ESHG Joint Membership
Trainee - Resident/Clinical Fellow 1 year	<input type="checkbox"/> \$50	<input type="checkbox"/> add \$20	<input type="checkbox"/> add \$32
Trainee - Postdoc 1 year	<input type="checkbox"/> \$50	<input type="checkbox"/> add \$20	<input type="checkbox"/> add \$32
Trainee - Graduate Student 1 year	<input type="checkbox"/> \$50	<input type="checkbox"/> add \$20	<input type="checkbox"/> add \$32
Trainee - Undergraduate Student 1 year	<input type="checkbox"/> \$25	<input type="checkbox"/> add \$20	<input type="checkbox"/> add \$32

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

DUES PAYMENT \$ _____ 1

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

MEMBERSHIP CATEGORIES

Trainee—Resident/Clinical Fellow
Advanced-degree genetics professionals in training for clinical positions

Trainee—Postdoc
Advanced-degree genetics professionals working as postdoctoral fellows

Trainee—Graduate Student
Students working toward a post-baccalaureate degree

Trainee—Undergrad Student
Students working toward a bachelor's degree

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OPTIONAL CONTRIBUTION TO ASHG GENERAL FUND:

PLEASE NOTE:

ASHG is a 501(c)(3) non-profit organization; therefore, contributions are tax deductible to the extent permitted by law.

\$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 ASHG 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: 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.

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, as well as access to all online issues. No back issues will be mailed.



ASHG 2018: Member Information Form

NAME: _____

(Please type or print)

PRIMARY AFFILIATION *Check one:*

MEDICAL SCHOOL DEPTS.

OTHER

- | | | | | |
|------------------------------|------------------------------|-------------------------------|---------------------------------|-------------------|
| A. ___ Genetics | G. ___ Repro. Med. | L. ___ Dental Schools | Q. ___ Priv Practice/Consultant | V. ___ Retired |
| B. ___ Pediatrics | H. ___ Neurology | M. ___ Pub Hlth & Grad School | R. ___ Commercial Company | W. ___ Other |
| C. ___ Pathology | I. ___ Family Medicine | N. ___ College or University | S. ___ Institute/Foundation | X. ___ Consultant |
| D. ___ Psychiatry/Psychology | J. ___ Hospitals and Clinics | O. ___ Nursing School | T. ___ Federal Gov't | Y. ___ Non-profit |
| E. ___ Medicine | K. ___ HMO | P. ___ Veterinary School | U. ___ State/Local Gov't | |
| F. ___ Ob/Gyn | | | | |

See box at right for codes:

Earned Degrees

Academic Rank

Position

Degree Code

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

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

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

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

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

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

OPTIONAL:

Check Box(es):

- | | | | |
|--|--|---|---|
| Year of Birth: _____ | A. <input type="checkbox"/> American Indian, Alaska Native | D. <input type="checkbox"/> Hispanic, Latino, or of Spanish Origin | G. <input type="checkbox"/> Other |
| Sex: F <input type="checkbox"/> M <input type="checkbox"/> | B. <input type="checkbox"/> Asian | E. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | H. <input type="checkbox"/> Multiple Race/Ethnicity |
| | C. <input type="checkbox"/> Black or African American | F. <input type="checkbox"/> White | I. <input type="checkbox"/> Unknown Race/Ethnicity |