## 2020 Membership Form

**American Society of Human Genetics**

6120 Executive Boulevard, Suite 500 · Rockville, MD 20852

Phone (301) 634-7300 • www.ashg.org/ • Email: membership@ashg.org

**Mail completed application, including member information form, and remittance to the above address.**

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Membership Price</th>
<th>ASHG Print</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Membership 1 year</td>
<td>$205</td>
<td>add $40</td>
</tr>
<tr>
<td>Emeritus Membership 1 year</td>
<td>$0</td>
<td>add $60</td>
</tr>
<tr>
<td>Early Career Membership 1 year</td>
<td>$65</td>
<td>Option Not Available</td>
</tr>
</tbody>
</table>

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

### DUES PAYMENT

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

**MEMBERSHIP CATEGORIES**

- **Regular**: Staff, faculty, clinicians, technicians, and other genetics professionals
- **Emeritus**: Retired genetics professionals who have been ASHG members for the past 5 consecutive years
- **Regular + ESHG**: Staff, faculty, clinicians, and other genetics professionals 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

### 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). 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.

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Name __________________________________________________________________________________________________________________________

Email ________________________________________________________________________ Assistant email _____________________________________

Department _____________________________________________________________________________________________________________________

Institution ____________________________________________________________________________________________________________________

Mailing street address ___________________________________________________________________________________________________________

Mailing city, state, zip, country _____________________________________________________________________________________________________

Telephone (    ) ______________ Mobile (    ) __________________________

Website __________________________________________________ ORCID iD:________________________ Twitter Handle@________________________

Mail completed application, including member information form, and remittance to the above address.
ASHG 2020: Member Information Form

See box at right for codes:

<table>
<thead>
<tr>
<th>Earned Degrees</th>
<th>Academic Rank</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. MD K. JD</td>
<td>A. Professor</td>
<td>L. Genetic Counselor</td>
</tr>
<tr>
<td>B. PhD L. MPH</td>
<td>B. Associate Professor</td>
<td>M. Postdoctoral Research Fellow</td>
</tr>
<tr>
<td>C. MSW M. RN</td>
<td>C. Assistant Professor</td>
<td>N. Postdoctoral Clinical Fellow</td>
</tr>
<tr>
<td>D. DVM N. BSN</td>
<td>D. Instructor</td>
<td>O. Resident</td>
</tr>
<tr>
<td>E. SCD O. BS or BA</td>
<td>E. Nonfaculty</td>
<td>P. Graduate Student</td>
</tr>
<tr>
<td>F. DDS or DMD P. Other</td>
<td>F. Training Program Director</td>
<td>Q. Private Practice</td>
</tr>
<tr>
<td>G. EDD Q. DO</td>
<td>G. Research Program Director</td>
<td>R. Corporate Executive</td>
</tr>
<tr>
<td>H. MS R. OD</td>
<td>H. Program Coordinator/Administrator</td>
<td>S. Consultant</td>
</tr>
<tr>
<td>I. MA S. MD/PhD</td>
<td>I. Senior Research Associate</td>
<td>T. Other</td>
</tr>
<tr>
<td>J. MSN T. PharmD</td>
<td>J. Research Associate</td>
<td>U. Principal Investigator/Professor</td>
</tr>
<tr>
<td></td>
<td>K. Research Assistant</td>
<td>V. Nursing Professional</td>
</tr>
</tbody>
</table>

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

Degree Code

Position Code

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

SPECIAL INTEREST AREAS  Do not check more than two:

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

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

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

OPTIONAL:

Check Box(es):

Year of Birth: ________

A. [ ] American Indian, Alaska Native  E. [ ] Native Hawaiian or Other Pacific Islander  I. [ ] Unknown Race/Ethnicity
B. [ ] Asian  F. [ ] White  J. [ ] Prefer Not to Answer
C. [ ] Black or African American  G. [ ] Other
D. [ ] Hispanic, Latino, or of Spanish Origin  H. [ ] Multiple Race/Ethnicity

Gender: [ ] F  [ ] M  [ ] Other  [ ] Prefer Not to Answer