

2019 Trainee Membership Form

6120 Executive Boulevard, Suite 500 · Rockville, MD 20852
Phone (301) 634-7300 • <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.

- Annual Meeting Abstract Reviewer AJHG Journal Manuscript Reviewer Serving as a reviewer for DNA Day Writing for the ASHG blog
 Other general volunteer opportunities

Check one box below and enter dues payment on line 1

Trainee Membership	Membership Price	AJHG Print	ESHG Joint Membership
Resident/Clinical Fellow 1 year	<input type="checkbox"/> \$55	<input type="checkbox"/> add \$40	<input type="checkbox"/> add \$47
Postdoc 1 year	<input type="checkbox"/> \$55	<input type="checkbox"/> add \$40	<input type="checkbox"/> add \$47
Graduate Student 1 year	<input type="checkbox"/> \$55	<input type="checkbox"/> add \$40	<input type="checkbox"/> add \$47
Undergraduate Student 1 year	<input type="checkbox"/> \$30	<input type="checkbox"/> add \$40	Option not available

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

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

Postdoc
Advanced-degree genetics professionals working as postdoctoral fellows

Graduate Student
Students working toward a post-baccalaureate degree

Undergrad Student
Students working toward a bachelor's degree

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.



ASHG 2019: 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

Academic Rank Code

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

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

- 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

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

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: _____

- Gender: F M
 Other

- 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