



2021 Membership Form

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.

Name _____
Last First Middle

Email _____ Assistant email _____

Department _____

Institution _____

Mailing street address _____

Mailing city, state, zip, country _____

Telephone () _____ Mobile () _____
Area code Area code

Website _____ ORCID ID: _____ Twitter Handle @ _____

Check one box below and enter dues payment on line 1

Membership Category	Membership Price	ASHG Print
Regular Membership 1 year	<input type="checkbox"/> \$205	<input type="checkbox"/> add \$40
Emeritus Membership 1 year	<input type="checkbox"/> \$0	<input type="checkbox"/> add \$60
Early Career Membership 1 year	<input type="checkbox"/> \$65	<input type="checkbox"/> add \$40

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

Regular
Staff, faculty, clinicians, technicians, and other genetics professionals

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

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.



ASHG 2021: Member Information Form

Earned Degrees

Position

Academic Rank

See codes to the right:

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

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:

What is your age?

Age: _____

Date of Birth: _____

Are you of Hispanic, Latino, or Spanish origin?

- A. No, not of Hispanic, Latino, or Spanish origin
- B. Yes, Mexican, Mexican American, Chicano
- C. Yes, Puerto Rican
- D. Yes, Cuban

- E. Yes, another Hispanic, Latino, or Spanish origin
Specify, for example, Salvadoran, Dominican, Colombian, Guatemalan,
Spaniard, etc. (_____)
- F. Prefer Not to Answer

With what gender do you identify?

- Female
- Male
- Other
(Specify) _____
- Prefer Not to Answer

What is your race? Check one or more boxes and specify origins.

- A. White
Specify, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
(_____)
- B. Black or African American
Specify, for example, African American, Jamaican, Haitian, Nigerian,
Ethiopian, etc. (_____)
- C. American Indian or Alaska Native
Specify name of enrolled or principal tribe(s), for example,
Navajo Nation, Blackfeet Tribe, Mayan, Aztec, etc.

- D. Asian
Specify, for example, Chinese, Indian, Vietnamese, Filipino,
Korean, etc.
- E. Native Hawaiian or Other Pacific Islander
Specify, for example, Native Hawaiian, Samoan, Chamorro,
Tongan, etc.
- F. Some other race
Specify race or origin, if known

Do you identify as LGBTQ+ (lesbian, gay, bisexual, transgender, queer, plus)?

- Yes
- No
- Prefer not to answer

What is your preferred pronoun?

- She/Her
- He/Him
- They/Them
- Other (specify)
- Prefer not to answer

Do you possess a physical or mental impairment (see <http://bit.ly/ADADescriptions>) that substantially limits one or more major life activities?

- Yes
- No
- Prefer not to answer

Do you come from a disadvantaged background (see <http://bit.ly/nihdefinitions>)?

- Yes
- No
- Prefer not to answer