# 2021 Trainee 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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Email</th>
<th>Assistant email</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Department</th>
<th>Institution</th>
<th>Mailing street address</th>
<th>Mailing city, state, zip, country</th>
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<tbody>
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<thead>
<tr>
<th>Telephone ( )</th>
<th>Mobile ( )</th>
<th>Area code</th>
<th>Area code</th>
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<table>
<thead>
<tr>
<th>Website</th>
<th>ORCID ID:</th>
<th>Twitter Handle@</th>
</tr>
</thead>
<tbody>
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</table>

Check one box below and enter dues payment on line 1

### Trainee Membership

<table>
<thead>
<tr>
<th>Membership</th>
<th>Membership Price</th>
<th>AJHG Print</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident/Clinical Fellow 1 year</td>
<td>$55</td>
<td>☐ add $40</td>
</tr>
<tr>
<td>Postdoc 1 year</td>
<td>$55</td>
<td>☐ add $40</td>
</tr>
<tr>
<td>Graduate Student 1 year</td>
<td>$55</td>
<td>☐ add $40</td>
</tr>
<tr>
<td>Undergraduate Student 1 year</td>
<td>$30</td>
<td>☐ add $40</td>
</tr>
</tbody>
</table>

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

### 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.

<table>
<thead>
<tr>
<th>Contribution Type</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Other $</td>
<td>$________</td>
</tr>
</tbody>
</table>

**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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* ✔️ ✔️ ✔️ ✔️ ✔️

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# ASHG 2021 Member Information Form

**Earned Degrees**

<table>
<thead>
<tr>
<th>Position</th>
<th>Academic Rank</th>
<th>Academic Rank Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A___</td>
<td>Professor</td>
<td>A.</td>
</tr>
<tr>
<td>B___</td>
<td>Associate Professor</td>
<td>B.</td>
</tr>
<tr>
<td>C___</td>
<td>Assistant Professor</td>
<td>C.</td>
</tr>
<tr>
<td>D___</td>
<td>Instructor</td>
<td>D.</td>
</tr>
<tr>
<td>E___</td>
<td>Nonfaculty</td>
<td>E.</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

**SPECIAL INTEREST AREAS** *Do not check more than two:*

- 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:**

- What is your age?
  - Age: ______
  - Date of Birth: ______

- 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](http://bit.ly/ADADescriptions)) that substantially limits one or more major life activities?**

- Yes
- No
- Prefer not to answer


- Yes
- No
- Prefer not to answer