2023 Trainee Membership Form

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

Name

Email

Department

Institution

Mailing street address

Mailing city, state, zip, country

Telephone ( ) Mobile ( )

Check one box below and enter dues payment on line 1

Trainee Membership

Resident/Clinical Fellow 1 year
Postdoc 1 year
Graduate Student 1 year
Undergraduate Student 1 year

Membership Price
$60
$60
$57
$30

AJHG Print
$60
$60
$57
$30

Add $40

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

Undergraduate 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 $ __________ ___________________________ $ __________

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 2023: Member Information Form

**Primary Position**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Consultant</td>
</tr>
<tr>
<td>B.</td>
<td>Corporate Executive</td>
</tr>
<tr>
<td>C.</td>
<td>Dean</td>
</tr>
<tr>
<td>D.</td>
<td>Department Chair</td>
</tr>
<tr>
<td>E.</td>
<td>Division Chief</td>
</tr>
<tr>
<td>F.</td>
<td>Genetic Counselor</td>
</tr>
<tr>
<td>G.</td>
<td>Graduate Student</td>
</tr>
<tr>
<td>H.</td>
<td>Institute Center Director</td>
</tr>
<tr>
<td>I.</td>
<td>Laboratory Director</td>
</tr>
<tr>
<td>J.</td>
<td>Nursing Professional</td>
</tr>
<tr>
<td>K.</td>
<td>Postdoctoral Clinical Fellow</td>
</tr>
<tr>
<td>L.</td>
<td>Postdoctoral Research Fellow</td>
</tr>
<tr>
<td>M.</td>
<td>Principal Investigator/Professor</td>
</tr>
<tr>
<td>N.</td>
<td>Private Practice</td>
</tr>
<tr>
<td>O.</td>
<td>Program Coordinator/Administrator</td>
</tr>
<tr>
<td>P.</td>
<td>Research Assistant</td>
</tr>
<tr>
<td>Q.</td>
<td>Research Associate</td>
</tr>
<tr>
<td>R.</td>
<td>Research Program Director</td>
</tr>
<tr>
<td>S.</td>
<td>Resident</td>
</tr>
</tbody>
</table>

**Primary Type of Work**

Check one that accounts for more than 50% of your time:

- A. Research
- B. Teaching
- C. Patient Care
- D. Science Related Non-Research
- E. Non-Science Related
- F. Retired
- G. Other
- H. Research - Non-Clinical
- I. Research - Clinical

**Primary Scientific Interest**

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. Cyogenetics
- H. Development
- I. Epigenetics
- J. Ethical, legal, social/policy issues
- K. Evolutionary/population genetics
- L. Genetic counseling
- M. Genetics/genomics education
- N. Genetic therapies
- O. Genome structure, variation/function
- P. Health services research
- Q. Metabolic disorders
- R. Molecular basis of Mendelian disorders
- S. Pharmacogenetics
- T. Precision medicine
- U. Prenatal, perinatal/reproductive genetics
- V. Psychiatric genetics, neurogenetics, neurodegeneration
- W. Public health genetics
- X. Statistical genetics/genetic epidemiology
- Y. Therapy for genetic disorders

**OPTIONAL:**

**What is your age?**

Age: _____
Year of Birth: _____

**What is your race?**

Check one or more boxes

- A. White
- B. Black or African American
- C. American Indian or Alaska Native
- D. Asian
- E. Native Hawaiian or Other Pacific Islander
- F. Some other race

**With what gender do you identify?**

- Female
- Male
- Non-Binary
- Prefer Not to Answer

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

- Yes
- No
- Prefer not to answer

**Do you possess a physical or mental impairment (see [http://bit.ly/ADADescriptions](http://bit.ly/ADADescriptions)) that limits life activities?**

- Yes
- No
- Prefer not to answer

**What are your preferred pronouns?**

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

**Do you come from a disadvantaged background per NIH definitions?**


- Yes
- No
- Prefer not to answer

---

**Are you of Hispanic, Latino, or Spanish origin?**

- Yes
- No
- Prefer not to answer

Specify, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, etc.

**What is your age?**

Age: _____
Year of Birth: _____

**What is your race?**

Check one or more boxes

- A. White
- B. Black or African American
- C. American Indian or Alaska Native
- D. Asian
- E. Native Hawaiian or Other Pacific Islander
- F. Some other race

**With what gender do you identify?**

- Female
- Male
- Non-Binary
- Prefer Not to Answer

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

- Yes
- No
- Prefer not to answer

**Do you possess a physical or mental impairment (see [http://bit.ly/ADADescriptions](http://bit.ly/ADADescriptions)) that limits life activities?**

- Yes
- No
- Prefer not to answer

**What are your preferred pronouns?**

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

**Do you come from a disadvantaged background per NIH definitions?**


- Yes
- No
- Prefer not to answer