### Membership Form

**2023 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.**

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**Name**  
Last  
First  
Middle  

**Email**  

**Department**  

**Institution**  

**Mailing street address**  

**Mailing city, state, zip, country**  

**Telephone ( )**  

**Mobile ( )**  

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Check one box below and enter dues payment on line 1

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Membership Price</th>
<th>AJHG Print</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Membership 1 year</td>
<td>$210</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>$70</td>
<td>add $40</td>
</tr>
</tbody>
</table>

**DUES PAYMENT**  

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

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**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

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**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**  

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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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### ASHG 2023: Member Information Form

#### Highest Degree
- A. Consultant
- B. Corporate Executive
- C. Dean
- D. Department Chair
- E. Division Chief

#### Primary Position
- F. Genetic Counselor
- G. Graduate Student
- H. Institute Center Director
- I. Laboratory Director
- J. Nursing Professional
- K. Postdoctoral Clinical Fellow
- L. Postdoctoral Research Fellow
- M. Principal Investigator/Professor
- N. Private Practice
- O. Program Coordinator/Administrator
- P. Research Assistant
- Q. Research Associate
- R. Research Program Director
- S. Resident

#### Primary Type of Work
- 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
- 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. Genetic therapies
- O. Genome structure, variation/function
- P. Health services research
- Q. Metabolic disorders
- R. Molecular basis of Mendelian disorders
- S. Pharmacogenomics
- T. Precision medicine
- U. Prepubertal, 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: _____

- **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

- **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

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

- **Do you come from a disadvantaged background per NIH definitions? (see [http://bit.ly/nihdefinitions](http://bit.ly/nihdefinitions))?**
  - Yes
  - No
  - Prefer not to answer