



2024 Trainee 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

Check one box below and enter dues payment on line 1

| Trainee Membership | Membership Price | AJHG Print |
|---------------------------------|-------------------------------|-----------------------------------|
| Resident/Clinical Fellow 1 year | <input type="checkbox"/> \$65 | <input type="checkbox"/> add \$70 |
| Postdoc 1 year | <input type="checkbox"/> \$65 | <input type="checkbox"/> add \$70 |
| Graduate Student 1 year | <input type="checkbox"/> \$65 | <input type="checkbox"/> add \$70 |
| Undergraduate Student 1 year | <input type="checkbox"/> \$35 | <input type="checkbox"/> add \$70 |

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 2024: Member Information Form

Highest Degree

Primary Position

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

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 | N. ___ genetic therapies |
| B. ___ cancer genetics | O. ___ genome structure, variation/function |
| C. ___ cardiovascular genetics | P. ___ health services research |
| D. ___ clinical genetics/dysmorphology | Q. ___ metabolic disorders |
| E. ___ clinical genetic testing | R. ___ molecular basis of Mendelian disorders |
| F. ___ complex traits/polygenic disorders | S. ___ pharmacogenetics |
| G. ___ cytogenetics | T. ___ precision medicine |
| H. ___ development | U. ___ prenatal, perinatal/reproductive genetics |
| I. ___ epigenetics | V. ___ psychiatric genetics, neurogenetics, neurodegeneration |
| J. ___ ethical, legal, social/policy issues | W. ___ public health genetics |
| K. ___ evolutionary/population genetics | X. ___ statistical genetics/genetic epidemiology |
| L. ___ genetic counseling | Y. ___ therapy for genetic disorders |
| M. ___ genetics/genomics education | |

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

With what gender do you identify?

- Female
 Male
 Non-Binary
 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>) 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>)?

- Yes
 No
 Prefer not to answer