



# 2024 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

Membership Category	Membership Price	AJHG Print
Regular Membership 1 year	<input type="checkbox"/> \$230	<input type="checkbox"/> add \$70
Emeritus Membership 1 year	<input type="checkbox"/> \$0	<input type="checkbox"/> add \$70
Early Career Membership 1 year	<input type="checkbox"/> \$75	<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

**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 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