

# 2021 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

Website \_\_\_\_\_ ORCID ID: \_\_\_\_\_ Twitter Handle @ \_\_\_\_\_

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"/> \$55	<input type="checkbox"/> add \$40
Postdoc 1 year	<input type="checkbox"/> \$55	<input type="checkbox"/> add \$40
Graduate Student 1 year	<input type="checkbox"/> \$55	<input type="checkbox"/> add \$40
Undergraduate Student 1 year	<input type="checkbox"/> \$30	<input type="checkbox"/> add \$40

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

**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 2021: Member Information Form

## Earned Degrees

\_\_\_\_\_

## Position

\_\_\_\_\_

## Academic Rank

See codes to the right:

## Academic Rank Code

- A. Professor  
B. Associate Professor  
C. Assistant Professor  
D. Instructor  
E. Nonfaculty

## 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: \_\_\_\_\_

### 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  
 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>) that substantially limits one or more major life activities?

- Yes  
 No  
 Prefer not to answer

### Do you come from a disadvantaged background (see <http://bit.ly/nihdefinitions>)?

- Yes  
 No  
 Prefer not to answer