



ACTIVE/INTERNATIONAL MEMBERSHIP APPLICATION

American Society of Hematology

2021 L Street, NW, Suite 900, Washington, DC 20036 | Phone: 202-776-0544 | Fax: 202-292-0250
E-mail: membership@hematology.org | Website: www.hematology.org

Eligible Applicants Include:

Individuals with a doctoral degree (or equivalent) who have manifested a continuous interest in any discipline important to hematology, as evidenced by work in the field, original contributions, and attendance at meetings concerning hematology, are eligible for either Active or International membership depending on their country of residence.

Individuals who do not have a doctoral degree but have exceptional qualifications are encouraged to apply for membership.

Active members are individuals who meet the above qualifications and reside in Canada, Mexico, or the United States of America. Active members pay dues and have all privileges of the Society, including, but not limited to, the rights to vote, hold office, serve on committees, and submit abstracts without sponsorship.

International members are individuals who have made a contribution to the field of hematology, meet the aforementioned qualifications, and reside outside of Canada, Mexico, and the United States of America. International members have the same privileges, except the right to vote or hold office.

Member Benefits Include:

- Subscription to *Blood*, the official journal of the American Society of Hematology
- Subscription to *The Hematologist: ASH News and Reports*
- Subscription to *ASH NewsLink*
- Complimentary copy of *Hematology*, the ASH Education Program Book
- Access to the online membership directory
- Advance annual meeting mailings, dramatically lower registration rates, and exclusive access to members-only hotels

Application Process:

New members are elected by the ASH Executive Committee each April and December. Applications must be received by March 1 for consideration in April and by August 1 for consideration in December. After these dates, new members will be notified of their election and invoiced for their dues.

ASH membership runs from January 1 to December 31. Applications should be submitted with your curriculum vitae, bibliography, and sponsor's signature to the ASH Membership Department at the address or fax number listed above.

Please note: Applications received by the August 1 deadline will be considered at the annual meeting and if approved, membership will start the following January. If you are submitting your application for the August 1 deadline and wish to attend the annual meeting, you must register as a non-member.

CONTACT INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

Degree: _____ Date of Birth: _____

Sex: Female Male E-Mail: _____

Ethnicity: American Indian/Alaska Native Black, Non-Hispanic White, Non-Hispanic
 Hispanic Asian/Pacific Islander Other/Unspecified

Information concerning racial or ethnic background is solicited to enable the Society to ensure that its programs are appropriately serving all members of the ASH community. ASH is eager to support programs that benefit under-represented groups in the field, and your response is helpful to these efforts.

Home Address (required)

Street Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Check all that apply:

- This is my general correspondence address.
- This is my subscription address (to receive *Blood*, *The Hematologist*, etc.).
- This is my membership directory address.

Work Address

Institution: _____ Department: _____

Street Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Check all that apply:

- This is my general correspondence address.
- This is my subscription address (to receive *Blood*, *The Hematologist*, etc.).
- This is my membership directory address.

MAILING OPTIONS

- I would like to opt out of appearing in the online membership directory.
- I would like to opt out of receiving third-party mailings.
(Please note: ASH only makes its membership list available for conference announcements and mailings regarding grant opportunities, prescription information for FDA approved drugs, and educational courses and publications.)

ACADEMIC QUALIFICATIONS

University, College, or Institution	Degree	Year Awarded
_____	_____	_____
_____	_____	_____

DEMOGRAPHIC INFORMATION

Academic Appointment

- Full-Time Part-Time
 None

Primary Institutional Affiliation

- Medical School
 Hospital or Clinical Facility
 Non-Profit Research Institute
 Free-Standing Health-Care Facility
 Corporate (Biotech or Pharmaceutical)
 Private Practice
 Other: _____

Approximate Percent Effort

(Must total 100%)

- _____ % Direct or Lab-Based Patient Care
_____ % Research
_____ % Teaching
_____ % Administration
_____ % Other

Clinical Interests

(Check all that apply)

- Anemia
 Aplastic Anemia/Bone Marrow Failure
 Autoimmune Disorders

- Bleeding Disorders
 Bone Marrow/Stem Cell Transplantation
 Leukemia
 Low Platelet Counts
 Low White Blood Cell Counts
 Lymphoma
 Multiple Myeloma
 Myelodysplastic Syndromes
 Myeloproliferative Disorders
 Pediatric Hematology/Oncology
 Sickle Cell Disease
 Thrombosis and Hemostasis/Blood Clotting
 Transfusion Medicine

Research Interests

(Check all that apply)

- Gene Therapy and Transfer
 Health Services and Outcomes Research
 Hematologic Malignancy
 Hematopoiesis
 Hemostasis, Thrombosis, and Vascular Wall Biology
 Leukocytes, Inflammation, and Immunology
 Red Cell Physiology and Disorders
 Transfusion Medicine
 Transplantation

Primary Subspecialty Area

(Check one)

Internal Medicine

- Hematology
 Oncology
 Hematology/Oncology
 Transfusion Medicine
 Other: _____

Pediatrics

- Hematology/Oncology
 Hematology
 Oncology
 Other: _____

Pathology

- Laboratory Medicine
 Transfusion Medicine
 Hematopathology
 Other: _____

Research Scientist

- Biochemistry/Molecular Biology
 Biophysics/Physiology
 Immunology/Microbiology
 Oncology
 Hematology
 Cell Biology
 Pharmacology
 Other: _____

Please list the professional societies of which you are a current member: _____

How many years have you spent in the clinical practice of hematology? _____

ASH SPONSORING MEMBER

Print ASH Sponsor Name: _____

Institution: _____

Location: _____ Phone: _____

Signature of ASH Sponsor: _____ Date: _____

Applicant's Signature: _____ Date: _____

FIND A HEMATOLOGIST

www.findahematologist.org

Find a Hematologist is an online searchable database that connects patients and referring physicians to ASH member hematologists in a particular specialty or region. Participation in this program is open and free to all ASH members.

- Yes, I would like to participate in this service.

Please check all that apply.

- I am accepting new patients.
 I provide second opinions.
 I perform case reviews.

Name: _____

Office Phone: _____
(for appointments)

Office Phone: _____
(for insurance and payment inquiries)

Office E-Mail: _____

(Check one)

- Please provide patients with the work address listed on page one of the application.
 Please provide patients with the contact information below.

Organization: _____

Street Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

GRASSROOTS NETWORK

(U.S. members only)

Take action—help effect change in Washington!

As a member of the Grassroots Network, you will receive information and action alerts from ASH and will be asked to contact appropriate legislators with ASH's message. At times, Grassroots Network members are also invited to represent the Society in Washington-related activities, such as visits with the NIH leadership, Congress, and regulatory agencies. Whether you are a political novice or a seasoned advocate, the success of ASH's advocacy efforts is dependent upon your participation.

- Yes, I would like to join the ASH Grassroots Network and receive more information.

Name: _____

Please indicate the issue areas you would like to receive information on:

- NIH Funding/Programs
 Stem Cell Research
 Sickle Cell Research/Treatment
 CDC Funding/Programs
 VA Funding/Programs
 FDA Regulations
 DOD Funding/Programs
 Physician Reimbursement
 Quality of Care
 All of the Above

Did you remember to:

1. Complete all parts of this application?
2. Enclose your curriculum vitae and bibliography?
3. Have your ASH member sponsor sign the application?
4. Sign your application?

Send your completed application to:

American Society of Hematology

Membership Department
2021 L Street, NW, Suite 900
Washington, DC 20036
or fax to 202-292-0250

Questions? Call 202-776-0544 or
e-mail membership@hematology.org