ASSOCIATE 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:

- Post-doctoral fellows with an MD or equivalent medical degree who reside in Canada, Mexico, or the United States of America, and are enrolled in an ACGME-accredited hematology or oncology training program
- Students who have earned a PhD within the last four years, reside in Canada, Mexico, or the United States of America, and are in a post-doctoral position or training program in a hematology and/or oncology-related field

Term: Associate membership concludes the December following the completion of the fellowship program or after a maximum of four years, whichever comes first. After this time the Associate member will automatically be converted to an ASH Active member.

While applications are considered on a rolling basis, all ASH memberships run on a calendar year – January 1 to December 31.

Membership Fee: Associate members pay a reduced annual membership fee (please see the ASH website for the current Associate rate). Please do not send payment with your application. You will be billed for your dues once your application has been approved.

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

Submission Information: Applications should be sent to the ASH Membership Department at the address or fax number listed above.

When submitting your completed application, make sure to include:

1. A letter from your Training Program Director certifying that you are a post-doctoral fellow or trainee, indicating the type of program, and specifying the expected completion date
2. Your curriculum vitae (CV)
3. Your sponsor's signature

Application Review: Associate membership applications are reviewed on a rolling basis. You will be notified of the membership decision approximately two to three weeks after your complete application is received.

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

Post-Doctoral Training (Internship, Residency, Fellowship):

Institution	Title	Location	Date

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

_____

_____

Current Training Program: _____

Name of Program Director: _____ Institution: _____

Start Date: _____ Completion Date: _____

ASH SPONSORING MEMBER

Print ASH Sponsor Name: _____

Institution: _____

Location: _____ Phone: _____

Signature of ASH Sponsor: _____ Date: _____

APPLICANT STATEMENT

I understand that I will be notified of the membership decision approximately two to three weeks after ASH has received my complete application and if accepted, I will be invoiced for my dues. Furthermore, I understand that my membership benefits will begin once I have paid my membership dues, that ASH membership runs on a calendar year, and that my membership dues will not be prorated.

Applicant's Signature: _____ Date: _____

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. Have your ASH member sponsor sign the application?
3. Enclose your Training Program Director's letter of certification and curriculum vitae?
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*