



# 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](mailto:membership@hematology.org) | Website: [www.hematology.org](http://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](http://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  
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or fax to 202-292-0250

**Questions?** Call 202-776-0544 or  
e-mail [membership@hematology.org](mailto:membership@hematology.org)