



# 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](mailto:membership@hematology.org) | Website: [www.hematology.org](http://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 and/or MD 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. 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). Prepayment is required for ASH membership. Please include payment with your application in order to ensure prompt processing.

### 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)

**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: \_\_\_\_\_

Gender:  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: \_\_\_\_\_

## 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

FDA Regulations

Stem Cell Research

DOD Funding/Programs

Sickle Cell Research/Treatment

Physician Reimbursement

CDC Funding/Programs

Quality of Care

VA Funding/Programs

All of the Above

### Did you remember to:

1. Complete all parts of this application?
2. Enclose your Training Program Director's letter of certification and curriculum vitae?
3. Sign your application?

Send your completed application to:

**American Society of Hematology**

ASH Membership

PO Box 251

Annapolis Junction, MD 20701

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