



INTERNATIONAL 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 outside of Canada, Mexico, or the United States of America, and are enrolled in approved programs or medical schools.
- Students who have earned a PhD, reside outside of 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: International Associate membership concludes the December following the completion of the fellowship program.

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

Membership Fee: International Associate members pay a reduced annual membership fee (please see the ASH website for the current International Associate rate). Prepayment is required for ASH membership. Please include payment with your application in order to ensure prompt processing.

Member Benefits Include:

- Online subscription to *Blood*, the official journal of the American Society of Hematology
- Online 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: International 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:** _____

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