



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. Prepayment is required for ASH membership. Please include payment with your application in order to ensure prompt processing.

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: _____

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 _____

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: _____

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

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: _____

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

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

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?
5. Include your payment?

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