

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

- 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 ACGMEaccredited hematology or oncology training program
- Students who have earned a PhD, 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 eld

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 Bene ts Include:

- Subscription to Blood, the of cial 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:

CONTACT INFORMATION

First Name:M.I.:				:Last Name:		
Degree: _				Date of Birth:		
Gender:	R Female	R Male	E-Mail:			
Ethnicity:	R American Indian/Alaska Native R Hispanic			R Black, Non-Hispanic R Asian/Paci c Islander	R White, Non-Hispanic R Other/Unspeci ed	

- R I would like to opt out of appearing in the online membership directory.
- R 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, Res	idency, Fellowship):	
Institution	Title	Location	Date
Please list all professional societies of	which you are a cu	ırrent member:	

Current Training Program: