



# 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

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.

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.

Individuals who 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.

- 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

## 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.

Address (required)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 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.

## 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)

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?