# ASTMH Membership Application

**Mail or Fax to: American Society of Tropical Medicine and Hygiene,** P.O. Box 71482, Chicago, IL 60694-1482, USA, +1-847-480-9592; Fax: +1-847-480-9282; bfinn@astmh.org

FIRST NAME (GIVEN NAME) LAST NAME (FAMILY NAME) DEGREES

INSTITUTION / ORGANIZATION

DEPARTMENT

ADDRESS

CITY STATE POSTAL CODE COUNTRY

TELEPHONE FAX E-MAIL

NAME OF REFERRING MEMBER

*ASTMH may provide postal addresses to third parties approved by the ASTMH secretary-treasurer for one-time use. E-mail addresses are never provided.*
*Please check boxes:* ❑ *Exclude from all mailings* ❑ *Exclude from membership directory*

## Dues *(Dues are billed on a calendar year. The dues year is January through December.)*

| | | | | |
|---|---|---|---|---|
| ❑ Full Membership ($195) | | | | $_____ |
| ❑ Student ($15) *check one* | ❑ Undergraduate | ❑ Graduate | ❑ Predoctoral | $_____ |
| ❑ Post-Doctoral Student ($25) | | | | $_____ |
| ❑ Lifetime Membership ($3,900) | | | | $_____ |
| ❑ American Committee on Arthropod-Borne Viruses (ACAV) | ❑ ACAV Dues ($10) | ❑ Complimentary for Students | | $_____ |
| ❑ American Committee of Medical Entomology (ACME) | ❑ ACME Dues ($10) | ❑ Complimentary for Students | | $_____ |
| ❑ Clinical Group (ACCTMTH) *check one* | ❑ ACCTMTH Dues ($30) | ❑ Life Membership ($600) | ❑ Complimentary for Students | $_____ |
| ❑ American Committee of Molecular, Cellular and Immunoparasitology (ACMCIP) | ❑ ACMCIP Dues ($10) | ❑ Complimentary for Students | | $_____ |
| ❑ ASTMH Committee on Global Health (ACGH) | ❑ ACGH Dues ($10) | ❑ Complimentary for Students | | $_____ |
| ❑ Journal subscription: print ($20 US; $30 Canada; $40 All others) *Membership includes an e-journal subscription* | | | | $_____ |
| | | | **TOTAL ENCLOSED** | $_____ |

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## Demographics

To better understand the needs of our diverse membership, please check all that apply from the categories below:

**Work Setting* (select primary only)**
❑ Academia
❑ CDC
❑ Consultant
❑ FDA
❑ For-Profit
❑ HHS
❑ Local government
❑ Military
❑ NIH
❑ Non-Profit
❑ Post-Doc/Fellow/Student
❑ Private Practice
❑ Retired
❑ State government
❑ USAID
❑ Other

***Required**

**Area of Primary Interest* (check all that apply)**
❑ Bacteriology
❑ Clinical Tropical Medicine
❑ Entomology
❑ Global Health
❑ Parasitology – Clinical
❑ Parasitology – Molecular and Cellular
❑ Virology
❑ Other

**Professional Role* (check all that apply)**
❑ Administration/Executive
❑ Clinical
❑ Prevention and Control
❑ Research
❑ Teaching
❑ Other

**If you provide direct clinical care (check all that apply)**
❑ Clinical
❑ Dengue Fever
❑ Immunizations
❑ Malaria
❑ Parasitology Diagnostic
❑ Travelers' Health
❑ Yellow Fever

**Year of Birth (optional)**

_____

**Gender (optional)**
❑ Female
❑ Male

**Highest Level Achieved***
❑ Bachelors Degree
❑ Doctorate (PhD, DrPH, ScD, etc.)
❑ Law Degree
❑ Masters Degree
❑ Medical Degree
❑ Nurse Practitioner
❑ Physician Assistant
❑ Registered Nurse
❑ Other _____

# ASTMH Membership Application

## Payment

❑ Autodraft

I wish to renew my dues AUTOMATICALLY until such time as I choose to stop. (Not applicable to student memberships.)

*To authorize automatic renewal of your ASTMH Membership, simply check the autodraft box above. You will be charged for subsequent years' dues according to the payment information you provide. ASTMH will send a reminder notice of the automatic debit one month before the charge is made.*

*You may cancel this at any time. Inform ASTMH in writing before October 1st to cancel the auto-renewal option.*

❑ AmEx ❑ VISA ❑ MasterCard ❑ Discover ❑ Check enclosed

CARD# EXP. DATE

SIGNATURE OF CARDHOLDER NAME OF CARDHOLDER

*Full payment must accompany this application. VISA, MasterCard, Discover and American Express are accepted. All checks must be made in U.S. dollars, drawn on U.S. banks. U.S. postal money orders, and U.S. travelers checks, are accepted.*

*Contributions and gifts to ASTMH may be deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible by members as an ordinary and necessary business expense. Consult your tax advisor for further information. Tax ID #57-0408245*

## Student Member

*Complete the following or attach a registrar's letter on institutional letterhead, or a copy of student ID as proof of full-time student status.*

This is to certify that the above-named applicant is a full-time student at:

NAME OF INSTITUTION SIGNATURE OF DEAN OR DEPARTMENT CHAIR DATE

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