AMERICAN SOCIETY OF ANDROLOGY MEMBERSHIP APPLICATION

1061 E. Main Street
Suite 300
East Dundee, IL 60118
Phone: (847) 752-6626
Email: info@andrologysociety.org | Website: andrologysociety.org

ONE YEAR MEMBERSHIP CYCLE TERM: JANUARY 1st THROUGH DECEMBER 31ST

PLEASE TYPE OR PRINT CLEARLY

First Name:_____

Last Name:_____

Degree(s):_____

Institution:_____

Current Position Held:_____

Home Address:_____

City:_____State:_____Zip:_____Country:_____

Home Phone:_____ Email:_____

Office Address:_____

City:_____State:_____Zip:_____Country:_____

Office Phone:_____Office Fax:_____

Please check which address you want to receive all Society mailings: ❒Home ❒Office

Statistical Information (Optional)

Gender: ❒ Male ❒ Female ❒ Non-binary ❒ Prefer not to answer

Predominant Ethnic Background (Please check one):

❒ American Indian or Alaska Native ❒ Asian ❒ Black or African American

❒ Hispanic or Latino ❒ Native Hawaiian or Other Pacific Islander ❒ Caucasian/Non-Hispanic ❒ Other

List the institutions you have attended and degrees you have received. Include postdoctoral fellowships:

_____

_____

_____

All ASA memberships will receive FREE online access to the journal Andrology and are invited to attend the annual meeting of the society at the member's discount. Please check the category of membership you are applying for:

❒ **Active Membership:** Any professionally qualified physician, veterinarian, scientist, or laboratory technician with an interest in and evidence of scientific contributions to the field of Andrology. Annual dues fee is $285 (If you choose to pay 3 years dues at once, you will receive a discount of $45)

❒ **Associate Membership:** Any professional beyond the trainee stage with a non-doctoral degree with an interest in and evidence of contributions in the field of Andrology. Annual dues fee is $185.

❒ **Trainee Membership:** A person in training interested in the progress or development of Andrology (graduate students, post-doctoral fellows, medical and veterinary students, medical residents, and fellows. Annual dues fee is $65

❒ **Life Membership:** Available to any full member who makes a single payment equivalent to twenty years of membership dues to the Society, which includes online and print copy of Andrology. One time contribution of $5,700

SPECIALTY

Check no more than two.

❒ Applied Research ❒ Basic Research ❒ Clinical Practice ❒ None Indicated

CLINICAL PRACTICE

Check your primary clinical area.

❒ Clinical Andrology ❒ Clinical Laboratory ❒ Endocrinology ❒ Internal Medicine ❒ Obstetrics/Gynecology
❒ Pediatrics ❒ Urology ❒ Veterinary Medicine ❒ No Clinical Practice ❒ None Indicated ❒ Other

RESEARCH AREAS

Check no more than four.

❒ Animal Science ❒ Assisted Reproductive Techniques ❒ Biochemistry ❒ Cell Biology ❒ Contraception ❒ Ejaculatory Function
❒ Endocrinology ❒ Epididymis ❒ Genetics ❒ Immunology ❒ Impotence ❒ Infectious Disease
❒ Infertility ❒ Molecular Biology ❒ Nutrition ❒ Oncology ❒ Other Glands ❒ Physiology
❒ Pituitary ❒ Prostate ❒ Sperm ❒ Testis ❒ Toxicology ❒ Zoology
❒ None Indicated

SUPPORTING DOCUMENTS

Applicants for Membership must submit a CV. All applications must be accompanied by an initial dues payment.

Applicants for Trainee Membership (graduate students, post-doctoral fellows, medical and veterinary students, medical residents, and fellows) must submit a brief, official letter from an advisor stating that the applicant is in training and including the trainee's anticipated training completion date. The letter may be sent via email, faxed, or mailed to the ASA office.

PAYMENT (All payments are in U.S. dollars)

The ASA requires full payment for membership fees by check or credit card.

❒ Check Enclosed (payable to ASA) ❒ Visa ❒ MasterCard ❒ American Express

Credit Card #:_____

Expiration Date:_____ CVV:_____

Name on Credit Card:_____

Billing Address:_____

TOTAL PAYMENT (Dues) =_____

Applicant's Signature:_____ Date:_____

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Acceptance as an ASA Member automatically places the member's name, affiliation and areas of expertise in the MemberClicks database for potential use in the reviewer's database search, but also for rapid and accurate access when they are author or co-author on papers submitted for publication in ANDROLOGY.

PLEASE FORWARD YOUR COMPLETED APPLICATION WITH SUPPORTING DOCUMENTS AND PAYMENT TO:

American Society of Andrology | 1061 E Main Street, Suite 300 | East Dundee, IL 60118
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