



Membership Application

Please type or print legibly and complete ALL information requested:

New Member **Renewing Member** **Date Submitted** _____

1. NAME AND PRINCIPAL MAILING ADDRESS: **Promotion Code** _____

Last (Family) Name First Name Middle Initial Degree

Address

Address

City County State/Province Country Postal Code

Telephone Number Facsimile

Email Address (*please write very legibly*)

2. SPECIALTY (circle one): internal medicine, primary care, cardiology, nephrology, endocrinology
Other: _____

3. PRACTICE SETTING (circle all that apply): private practice, hospital staff, research, academia, administration, industry, other _____

4. MEMBERSHIP CATEGORIES:

- Regular Member – Domestic (US Residents)..... \$ 200.00
- OPTIONAL*- ASH Chapter Membership \$ 25.00

For USA Residents only, see Page 2 for the current ASH Chapters and fee schedules.
Specify Chapter: _____

- Regular Member – International
 - Without Print Subscriptions to Society Journals..... \$ 200.00
 - With Print Subscriptions to Society Journals \$ 230.00
- Member-in-Training (Fellows, Residents, Medical Students, Graduate Students)..... \$ 75.00
Must submit letter from institution confirming status with application
Chapter membership is Complimentary for Members-in-Training (where applicable)
- OPTIONAL*- ASH Foundation Donation (suggested amount)..... \$ 25.00

BASED ON FEE SCHEDULE ABOVE, PLEASE INDICATE TOTAL PAYMENT INCLUDED..... \$ _____

Payment (NO CASH OR BANK TRANSFERS) may be made with American Express, VISA, MasterCard, check or money order. Checks or money orders (drawn on American banks and in U.S. dollars) are payable to: **American Society of Hypertension, Inc. (ASH). Mail this completed form and payment to American Society of Hypertension Inc, 148 Madison Ave, 5th Floor, New York, NY 10016; or you may fax your form if you are paying by credit card to: 212.696.0684. For membership inquiries, call toll-free (866) 696.9099 (US residents only) or (212) 696-9099 (International)** Membership Year is on an anniversary basis and will expire 12 months from the month you join the Society.

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 American Express VISA MasterCard CHECK (Must include applicant's LAST Name or ID#)

Cardholder's Name Credit Card Number Exp. Date

Cardholder's Billing Address including postal code Cardholder's Signature



American Society of Hypertension, Inc. (ASH)
Membership Application

www.ash-us.org

ASH REGIONAL MAP



Current ASH Chapters & Dues Schedule

- ♦ Carolinas, Florida & Georgia Regional Chapter (Southern Florida, GA, NC, SC): \$25.00
- ♦ Delaware Valley Chapter (Delaware, Pennsylvania, Southern New Jersey): \$25.00
- ♦ Eastern Regional Chapter (Connecticut, Northern New Jersey, New York): \$25.00
- ♦ Gulf Central Regional Chapter (Alabama, Florida [Panhandle], Louisiana, Mississippi): \$25.00
- ♦ Mid-Atlantic Regional Chapter (Maryland, Virginia, Washington DC): \$25.00
- ♦ Texas Chapter: \$25.00

*Individuals can apply for membership online at www.ash-us.org