



**MEMBERSHIP APPLICATION FOR INDIVIDUALS AND STUDENTS**

Date \_\_\_\_\_

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Title \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Referring Member \_\_\_\_\_

Please check preferred mailing address:                       Office                       Home

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**Professional Discipline** *(check one)*

- |   |                                       |                                   |
|---|---------------------------------------|-----------------------------------|
| <input type="radio"/> Allied Health     | <input type="radio"/> Dentistry       | <input type="radio"/> History     |
| <input type="radio"/> Law               | <input type="radio"/> Literature      | <input type="radio"/> Ministry    |
| <input type="radio"/> Nursing           | <input type="radio"/> Philosophy      | <input type="radio"/> Medicine    |
| <input type="radio"/> Religious Studies | <input type="radio"/> Social Sciences | <input type="radio"/> Other _____ |

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**Current Employment Setting** *(check one)*

- |   |   |
|---|---|
| <input type="radio"/> Hospital                | <input type="radio"/> Clinical Private Practice |
| <input type="radio"/> Government              | <input type="radio"/> Community Health Agency   |
| <input type="radio"/> Educational Institution | <input type="radio"/> Other _____               |

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**Membership Category** *(check one)*

- Individual: See dues schedule below.
- Full-time graduate or undergraduate student: \$30  
*(Please submit proof of full-time status with your application.)*

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**Individual Dues** *(check one)*

- < \$35,000                      \$70
- \$35,000-\$64,999                \$95
- \$65,000-\$99,999                \$115
- >\$100,000                        \$140

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**Affinity Groups**

The list is available at [www.asbh.org](http://www.asbh.org) under Membership/Benefits. Please indicate which one(s) you would like to join: \_\_\_\_\_

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**Form of Payment** *(in U.S. funds only)*

- Check *(payable to American Society for Bioethics and Humanities)*
- American Express                 Discover                       MasterCard                 VISA

Account number \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

*Membership dues may be deductible as an ordinary and necessary business expense. Consult your tax adviser for further information. In the event of a miscalculation, I authorize ASBH to charge to the above-named credit card an amount ASBH deems to be accurate.*

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**4 Easy Ways to Join**

1. Phone: 847/375-4745 Monday-Friday, 9am-5pm Central time *(credit card payments only)*
2. Fax: 877/734-9385 *(credit card payments only)*
3. Mail: ASBH, PO Box 3781, Oak Brook, IL 60522
4. Online: [www.asbh.org](http://www.asbh.org) *(credit card payments only)*