

AMERICAN ASSOCIATION FOR  
THE STUDY OF LIVER DISEASES



# INTERNATIONAL MEMBERSHIP APPLICATION

*Submission deadlines  
are January 1, April 1,  
July 1 and October 1*

Benefits of Membership

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Application for Membership

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# Benefits of MEMBERSHIP

Whether you are a trainee or a full-time hepatologist practicing in the U.S. or abroad, there are many special benefits and services designed especially for you, including:



## MEMBERSHIP

Joining AASLD means becoming a part of the leading organization committed to preventing and curing liver disease.

## LEADERSHIP

Opportunities to serve as a leader in the field of hepatology, develop innovative educational programs and participate in AASLD committees and Special Interest Groups.

*Committees:* All AASLD committees are selected during the Call for Volunteers in January/February of each year.

*Special Interest Groups (SIGs):* SIG membership is a great way to increase your knowledge base and connect with colleagues from around the world who are focused on a particular aspect of hepatology.

## JOURNALS

FREE subscriptions to *HEPATOLOGY* and *Liver Transplantation*, AASLD's premier journals.

*HEPATOLOGY:* The premier publication for hepatologists and the most cited reference on liver and biliary tract information.

*Liver Transplantation:* A peer-reviewed, monthly journal of the Association. The journal is co-published with the International Liver Transplantation Society, ensuring an international information exchange.

## EDUCATION

Registration priority dates and discounts to The Liver Meeting®, Digestive Disease Week® and other educational meetings and conferences.

*The Liver Meeting®:* The premier event in the science and practice of hepatology, this is designed for physicians, surgeons, scientists, educators, nurses, physician assistants and all other hepatology health professionals.

*Postgraduate Course:* Offered during The Liver Meeting®, this two-day course is one of AASLD's flagship educational events that covers both basic and clinical topics.

*Digestive Disease Week®:* The largest gathering of clinicians, educators and researchers focusing on the digestive system. As a sponsoring society, AASLD's liver-specific sessions include: excellent liver and biliary tract programs, state-of-the-art presentations, clinical symposia, presidential plenaries and poster presentations.

*Single Topic Conferences:* Developed by leading hepatologists, Single Topic Conferences focus on the most current and critical topics in liver disease in the areas of basic and clinical research.

## GRANTS & AWARDS

AASLD supports research and career development awards in advanced/transplant hepatology, clinical hepatology and basic and translational research.

**...AND MORE!**

# Application for International Membership

## INTERNATIONAL APPLICANTS CRITERIA:

Any physician, scientist or researcher working outside the United States, Canada or Mexico who has contributed to knowledge about the liver or biliary tract, including hepatologists, gastroenterologists, internists, surgeons, pediatricians, pathologists, biochemists, anatomists, microbiologists, physiologists, epidemiologists, pharmacologists or other qualified persons.

- Completion of a doctoral level training program or equivalent.

And at least one of the remaining three criteria for membership (check all that apply):

- At least two publications (including accepted abstracts) related to liver disease.
- An academic faculty appointment.
- Prior attendance at two AASLD Annual Meetings (The Liver Meeting®). Years: \_\_\_\_\_

## APPLICANT INFORMATION:

FIRST	MI	LAST	DEGREE(S) (MD, PhD, etc.)
ORGANIZATION			TITLE
MAILING ADDRESS <input type="checkbox"/> Business <input type="checkbox"/> Residential (Please check one)			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
BUSINESS PHONE	CELL PHONE	BUSINESS FAX	
E-MAIL (Please print clearly)			DATE OF BIRTH (mm/dd/yyyy)

## PROFESSIONAL REFERENCES:

Names of two professional references (contact the central office if assistance is needed finding members in your area):

1.	FIRST	MI	LAST	E-MAIL (Please print clearly)
2.	FIRST	MI	LAST	E-MAIL (Please print clearly)

## TRAINING AND BACKGROUND INFORMATION:

### 1. Primary area(s) of specialty (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Hepatology                 | <input type="checkbox"/> Immunology            |
| <input type="checkbox"/> Gastroenterology           | <input type="checkbox"/> Infectious Disease    |
| <input type="checkbox"/> Clinical Pharmacology      | <input type="checkbox"/> Internal Medicine     |
| <input type="checkbox"/> Epidemiology/Public Health | <input type="checkbox"/> Liver Transplantation |
| <input type="checkbox"/> Pathology                  | <input type="checkbox"/> Surgery               |
| <input type="checkbox"/> Pediatrics                 | <input type="checkbox"/> Virology              |
| <input type="checkbox"/> Radiology                  | <input type="checkbox"/> Science               |
| <input type="checkbox"/> Other _____                |  |

### 2. Are you currently certified in, or in the process of obtaining certification in, any of the following?

- Gastroenterology  Transplant Hepatology  Other \_\_\_\_\_

### 3. If you had GI training, in what year did you complete your training?

\_\_\_\_\_

### 4. Do you consider AASLD your primary medical membership organization?

- Yes  No

### 5. Other medical association affiliations (check all that apply):

- |                               |   |                                |
|-------------------------------|---|--------------------------------|
| <input type="checkbox"/> AANP | <input type="checkbox"/> ACP            | <input type="checkbox"/> ASCI  |
| <input type="checkbox"/> AAP  | <input type="checkbox"/> AGA            | <input type="checkbox"/> ASGE  |
| <input type="checkbox"/> AAPA | <input type="checkbox"/> AHPBA          | <input type="checkbox"/> AST   |
| <input type="checkbox"/> ACG  | <input type="checkbox"/> AMA            | <input type="checkbox"/> ASTS  |
| <input type="checkbox"/> EASL | <input type="checkbox"/> NAS            | <input type="checkbox"/> SSAT  |
| <input type="checkbox"/> IDSA | <input type="checkbox"/> NASPGHAN       | <input type="checkbox"/> USCAP |
| <input type="checkbox"/> ILTS | <input type="checkbox"/> SGNA           |                                |
| <input type="checkbox"/> IOM  | <input type="checkbox"/> Other(s) _____ |                                |

## TRAINING AND BACKGROUND INFORMATION continued:

### 6. What is your primary professional role?

- Trainee                       Pharma/Industry Rep  
 Mid-level Provider         Physician (non-surgery)  
 Scientist                     Physician (surgery)  
 Other

### 7. What one term best describes your professional activities?

- Administration             Basic Research             Clinical Research  
 Education/Training         Patient Care                 Pharma/Industry Rep

### 8. If you conduct research, is your research funded by: (check all that apply)

- National Institutes of Health (NIH)     Other Federal/State Agencies  
 Non-profit/Foundation/Philanthropy     Institutional Funding  
 Industry                                       Other \_\_\_\_\_

### 9. In which liver research and/or clinical areas(s) do you specialize?

(check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Acute Liver Failure                       | <input type="checkbox"/> Metabolic and Genetic Disease |
| <input type="checkbox"/> Biliary Biology                           | <input type="checkbox"/> Alpha-1 Antitrypsin           |
| <input type="checkbox"/> Cholestatic and Autoimmune Liver Diseases | <input type="checkbox"/> Hemochromatosis               |
| <input type="checkbox"/> Autoimmune Liver Disease                  | <input type="checkbox"/> Wilson Disease                |
| <input type="checkbox"/> Cholestasis                               | <input type="checkbox"/> Non-B Non-C Viral Hepatitis   |
| <input type="checkbox"/> PBC/PSC                                   | <input type="checkbox"/> Portal Hypertension and       |
| <input type="checkbox"/> Healthcare Delivery/Quality/Effectiveness | Complications of Cirrhosis                             |
| <input type="checkbox"/> Hepatitis B                               | <input type="checkbox"/> Ascites                       |
| <input type="checkbox"/> Hepatitis C                               | <input type="checkbox"/> Varices                       |
| <input type="checkbox"/> Hepatobiliary Neoplasia                   | <input type="checkbox"/> Steatosis and Steatohepatitis |
| <input type="checkbox"/> Hepatocellular Carcinoma                  | <input type="checkbox"/> Alcoholic Liver Disease       |
| <input type="checkbox"/> Hepatotoxicity                            | <input type="checkbox"/> Non-Alcoholic Fatty           |
| <input type="checkbox"/> Inflammation and Immunobiology            | Liver Disease  |
| <input type="checkbox"/> Liver Fibrogenesis and Non-parenchymal    |  |
| Cell Biology   |  |

### 10. If you are a healthcare provider, how long have you been in practice?

- Less than 5 years     5-10 years     11-20 years     20+ years

### 11a. Do you have an academic appointment? Yes No

### 11b. If yes, what is your academic title/equivalent position?

- Assistant Professor                       Associate Professor  
 Instructor                                     Professor  
 Trainee                                         Other \_\_\_\_\_

### 12. If you are a healthcare provider, what is your practice setting?

- Academic                       Non-academic

### 13. Are you formally linked to a transplant center? Yes No

### 14. What percentage of your time is spent in patient care?

- 100%     75%     50%     25%     Research Only     N/A

### 15. What percentage of your practice is devoted to liver disease?

- 100%     75%     50%     25%     Less than 25%

### 16. If 50% or more of your practice is devoted to liver disease, what percentage of that time is spent specifically on liver transplant patients?

- 100%     75%     50%     25%     Less than 25%

### 17. Which of the following U.S. Census categories best describes your race?

(Please check only one)

- |  |   |
|--|---|
| <input type="checkbox"/> White alone                           | <input type="checkbox"/> Asian alone                    |
| <input type="checkbox"/> Black or African American alone       | <input type="checkbox"/> Hispanic or Latino alone       |
| <input type="checkbox"/> American Indian, Alaskan Native alone | <input type="checkbox"/> Native Hawaiian, other Pacific |
| <input type="checkbox"/> Two or more races                     | <input type="checkbox"/> Islander alone                 |

### 18. Do you want to be referred by AASLD and/or ALF to potential patients?

- Yes     No

### 19. Please exclude my name and e-mail address from mailing lists purchased by organizations outside AASLD including sister societies such as ALF, AGA, etc.

- Yes     No

### 20. By signing below I agree to receive faxes and e-mails sent by AASLD as related to my membership and membership benefits.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

## SUPPORTING DOCUMENTATION TO ACCOMPANY THIS APPLICATION:

- One copy of applicant's CV.  
 Two professional references from current AASLD members or one reference from an AASLD member and one letter of recommendation from a professional colleague.  
 One-page statement regarding applicant's commitment to the science and practice of hepatology.  
 Application Fee: \$40.00.

## PAYMENT:

Only the non-refundable application fee of \$40.00 is required with the application. Annual dues will be pro-rated and invoiced based on approval date. Type of payment. (Wire transfers and purchase orders will not be accepted.)

Applicant Name (Please Print): \_\_\_\_\_

- Credit Card Payment     Visa®     MasterCard®     American Express®     Discover Card®    **APPLICATION FEE: \$40.00 (NON-REFUNDABLE)**

Card Number: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

Authorized Name on Card (If Different Than Applicant Name): \_\_\_\_\_  
(Please Print)

Authorized Signature: \_\_\_\_\_

- Check Payable to AASLD in U.S. funds drawn on a U.S. bank    Check Number: \_\_\_\_\_

PAYING BY CREDIT CARD? Fax both sides of this form to 703-299-9622.

PAYING BY CHECK? MAIL TO: AASLD C/O MEMBER SERVICES, 1001 N. FAIRFAX STREET, STE. 400, ALEXANDRIA, VA 22314