**APPLICATION FOR MEMBERSHIP**

1. **Personal Information:**

**Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **Business** | **Home** |
| **Phone#:** | **Phone#:** |
| **Fax#:** | **Fax#:** |
| **E-Mail:** | **E-mail:** |

**Preferred Correspondence: \_\_\_\_Business \_\_\_\_Home**

**Preferred Method: \_\_\_\_Phone \_\_\_\_\_Fax \_\_\_\_\_ E-mail**

1. **Education: (Include College and all Post-Graduate Training)**

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| --- | --- | --- | --- |
| **Institution** | **City/State** | **Field of Study** | **Degree** |
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1. **Board Certification/Licensure: (Under Board Status please specify if board Eligible or Certified)**

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| --- | --- | --- | --- |
| **Name of Board** | **Field of Study** | **Board Status** | **Date Certified** |
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1. **Professional Affiliations (hospital, medical and paramedical societies, other professional organizations, etc):**

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1. **Describe your activities related to the delivery of genetic services:**

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1. **Please attach a copy of your curriculum vitae (CV) to this application and E-mail it to the HGANJ Secretary at** [**humangeneticsnj@gmail.com**](about:blank)**. The fee for membership is $60.00/year and can be paid via the pay-pal link at the time of the application submission. If you wish to set up an alternate form of payment please contact the HGANJ Treasurer to make arrangements.**