

*The Human Genetics Association of New Jersey Inc.*



**APPLICATION FOR MEMBERSHIP**

**I. Personal Information:**

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

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

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

<b>Business</b>	<b>Home</b>
Phone #:	Phone #:
Fax #:	Fax #:
E-Mail:	E-Mail:

Preferred Correspondence: \_\_\_\_\_ Business \_\_\_\_\_ Home  
 Preferred Method: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail

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

<b>Institution</b>	<b>City/State</b>	<b>Field of Study</b>	<b>Degree</b>

**III. Board Certification/Licensure:**

Name of Board	Field of Study	Board Status		Date Certified
		Eligible	Certified	

**IV. Professional Affiliations (hospital, medical and paramedical societies, other professional organizations, etc):**

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

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**VI. Please attach a copy of your curriculum vitae (CV) to this application and send to the HGANJ Secretary at the address provided on the HGANJ web site. A check made payable to the "Human Genetics Association of New Jersey" must accompany this application. The fee for membership is \$40.00/year.**