



MEMBERSHIP APPLICATION FORM

The American Sexually Transmitted Diseases Association (ASTDA) is an organization dedicated to the control and ultimate eradication of sexually transmitted diseases. Its primary activities are in the field of professional education and research communication. It carries out these activities through the publication of *Sexually Transmitted Diseases*, the journal of the ASTDA (published monthly), and by sponsoring scientific sessions. The ASTDA also recognizes outstanding contributions to sexually transmitted disease control with three awards: The Career Achievement Award for distinguished contributions; the mid-career ASTDA Achievement Award for significant contributions; and the Young Investigator Award, given to an investigator who is no more than 5 years beyond fellowship training.

The ASTDA membership includes physicians, research scientists, nurses, public health professionals, and other STD investigators. Membership includes a subscription to the journal, *Sexually Transmitted Diseases* (the non-member subscription rate is \$U.S. 500.00 for U.S. residents and \$U.S. 535.00 for residents of other countries) and must be renewed annually to receive the journal.

<b>Regular Members</b>	<b>Residents of the United States</b>	<b>Residents outside the United States</b>
MD/PhD	\$110.00	\$120.00
Clinician/Laboratorian (non-MD/PhD)	\$60.00	\$70.00
Public Health Worker (non-clinician)	\$45.00	\$55.00
<b>Associate Members</b>		
Trainee (pre- and post-doctoral)	\$45.00	\$55.00
<b>Emeritus Members (available to retired members by request)</b>	No Charge	No Charge

\*Dues for residents outside the United States are higher for each category to cover additional mailing costs.

You may pay by check or credit card by completing the information below.

Name	
Address	
Phone Number	
Fax Number	
Email	
Membership type	

**CHECKS:** Attach check in US currency payable to ASTDA and mail to ASTDA at the address below.

**CREDIT CARD:** (Mastercard, Visa, American Express, Discover). Can be returned to ASTDA by mail, fax or email.

Card number \_\_\_\_\_ Expiration date (MM/YY) \_\_\_\_\_

Amount \$ \_\_\_\_\_ Signature: \_\_\_\_\_

**ASTDA, P.O. Box 12665, Research Triangle Park, NC 27709**  
**astda@astda.org Fax: 919.361.8425**

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For questions please contact [astda@astda.org](mailto:astda@astda.org) or 919.861.9399