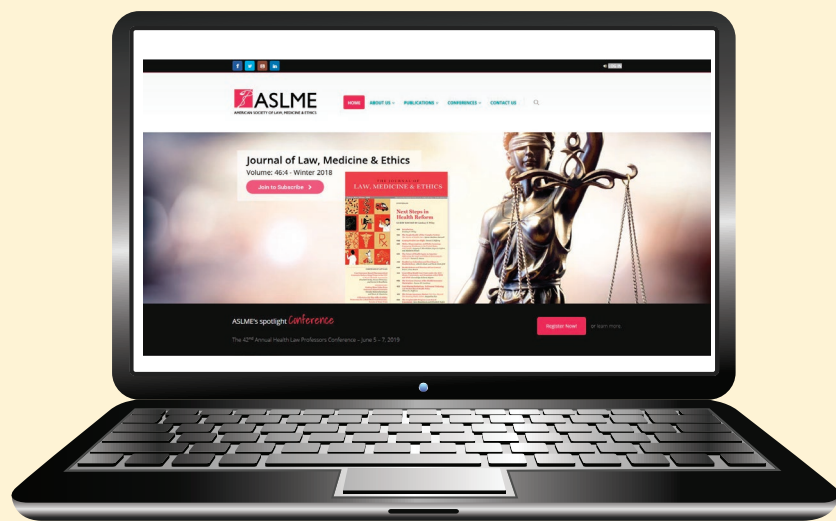


# Join ASLME

## Membership Benefits

- Subscription to the *Journal of Law, Medicine & Ethics*
- Subscription to the *American Journal of Law & Medicine*
- Discounted registration to Society-sponsored conferences
- Opportunities for earning Continuing Medical and Legal Education credits
- And more!



[www.aslme.org](http://www.aslme.org)

# Join ASLME today!

## Membership Benefits

- Subscription to the *Journal of Law, Medicine & Ethics*
- Subscription to the *American Journal of Law & Medicine*
- Discounted registration to Society-sponsored conferences
- And more!

“Being a member of ASLME pays dividends far beyond its publicized benefits – it is about being part of the major changes in how we think about health care and public health services and delivery through law and ethics.”

*James G. Hodge, Jr., JD, LL.M.,  
Director of the Public Health Law and  
Policy Program at the Sandra Day O'Connor  
College of Law, Arizona State University*

“My affiliation with ASLME has been among the most satisfying and beneficial relationships in my career.”

*Judith F. Daar, JD,  
Dean of the Salmon P. Chase College of Law at  
Northern Kentucky University*

“Over the two decades of my membership in ASLME, as my career trajectory shifted from cardiac surgery to ethics and philosophy, *JLME* has been an invaluable companion and component of my ongoing education and continuing contributions to the field of bioethics.”

*Robert M. Sade, MD,  
Professor of Surgery at  
Medical University of South Carolina*

## Yes, I want to join the American Society of Law, Medicine & Ethics.

Please fill out and remit in full to: American Society of Law, Medicine & Ethics, 765 Commonwealth Avenue, Suite 1704, Boston, MA 02215. Fax: 617-437-7596  
Please print or type all information. **You may join online at [www.aslme.org](http://www.aslme.org).**

### Questions?

Contact ASLME at 617-262-4990 or e-mail [membership@aslme.org](mailto:membership@aslme.org).

Name \_\_\_\_\_ Suffix/Degrees \_\_\_\_\_

Address \_\_\_\_\_

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

Please indicate if the above is your  Home or  Business address

Phone \_\_\_\_\_

Email \_\_\_\_\_

Membership Rates	1 year	3 years
<b>Doctoral</b> MD, JD, LLB, PhD, DDS, MBA, DNSc, DO, or other equivalent professional position	<b>\$240</b> <input type="checkbox"/>	<b>\$570</b> <input type="checkbox"/>
<b>Non-Doctoral/Allied Health</b> e.g., RN, MSW, MA	<b>\$165</b> <input type="checkbox"/>	<b>\$375</b> <input type="checkbox"/>
<b>Student</b> Full-time, without doctoral-level degree	<b>\$45</b> <input type="checkbox"/>	<b>n/a</b> <input type="checkbox"/>

*Memberships with shipping addresses outside of the  
U.S. require an additional \$40 per year shipping fee.*

**Total:** \_\_\_\_\_

My check made payable to ASLME is enclosed.

Please charge my Mastercard/Visa/Discover/American Express.

Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_