



AASLD Emeritus Membership Conversion Application

Please complete the following information and return this form to the email or address below.

Name: _____

Date: _____ Member ID: _____

I hereby request a change in my membership status from Regular or International Regular member to Emeritus member.

Please confirm the following requirements:

I am over the age of 65 _____ Birthdate: ____ / ____ / ____

I have retired from full time employment as of: ____ / ____ / ____

I have a minimum of 10 years of consecutive membership in AASLD _____

Journals:

I would like Hepatology (\$100.00/year): _____

I would like Liver Transplantation (\$65.00/year): _____

Signed _____

Comments: _____

Please return this form to:

**AASLD, C/O Member Services, 1001 N. Fairfax Street, Suite 400,
Alexandria, VA 22314**

or via email to membership@asld.org