



## **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, 4th Floor,  
Alexandria, VA 22314**

**or via email to [membership@asld.org](mailto:membership@asld.org)**