

# 2021 ASE Membership Application

JOIN ONLINE AT ASECHO.ORG/JOIN

Membership Categories (Note: All fees are in US dollars)	International with online only JASE	International with print JASE (additional \$90 fee required)
<b>Professional</b> (out of training two years or more)		
Physician	<input type="checkbox"/> \$115	<input type="checkbox"/> \$205
Scientist	<input type="checkbox"/> \$115	<input type="checkbox"/> \$205
Sonographer/Allied Health*	<input type="checkbox"/> \$115	<input type="checkbox"/> \$205
Veterinarian	<input type="checkbox"/> \$115	<input type="checkbox"/> \$205
<b>Rising Star</b> (completed training within last two years)		
Physician	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Scientist	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Sonographer/Allied Health*	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Veterinarian	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
<b>Fellow in Training/Student/Retired:</b> Verification must accompany application. In order to keep costs low for these categories, <b>JASE is accessible online only.</b>		
Fellow in Training	<input type="checkbox"/> \$75	<input type="checkbox"/> \$165
Medical Student/Veterinarian Student	<input type="checkbox"/> \$75	<input type="checkbox"/> \$165
Sonographer/Allied Health* Student	<input type="checkbox"/> \$75	<input type="checkbox"/> \$165
Retired	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190

\*Please choose your Allied Health Category:  Sonographer  Nurse  Physician Assistant  Other (please specify) \_\_\_\_\_

\*\* Individuals with an interest in cardiovascular ultrasound that are not professional healthcare practitioners, such as Hospital Administrators, Industry Professionals, and Media.

If you were referred by a current ASE member, please provide their name and email address.

Name: \_\_\_\_\_ Email address: \_\_\_\_\_ Member ID: \_\_\_\_\_

## General Information (please type or print) \* denotes required field

\*Name \_\_\_\_\_  
 Last First Middle

\*Preferred Title:  Dr.  Mr.  Mrs.  Ms.

\*Company \_\_\_\_\_

\*Mailing Address:  Home  Business \_\_\_\_\_

\*City \_\_\_\_\_ \*State/Province \_\_\_\_\_ \*Postal Code \_\_\_\_\_ \*Country \_\_\_\_\_

\*Phone \_\_\_\_\_

\*Email \_\_\_\_\_ \*Date of Birth (mm/dd/yyyy) \_\_\_\_\_

ARDMS Registry # \_\_\_\_\_ (Necessary for automatic CME credit transfer to ARDMS)

CCI Registrant # \_\_\_\_\_ (Necessary for automatic CME credit transfer to CCI)

ABIM # \_\_\_\_\_ (Necessary for automatic MOC credit transfer)

ABP# \_\_\_\_\_ (Necessary for automatic MOC credit transfer) Year Graduated from Medical School \_\_\_\_\_

ABA# \_\_\_\_\_ (Necessary for automatic MOCA credit transfer)

**Become part of ASE's councils and/or Special Interest Groups (SIGs). No additional dues are required. Please select what you would like to join from the lists below.**

**Councils:**  Council on Cardiovascular Sonography  Council on Perioperative Echocardiography  
 Council on Pediatric and Congenital Heart Disease  Council on Circulation & Vascular Ultrasound  Grassroots Advocacy Network

**SIGs:**  Critical Care Echocardiography  Interventional Echocardiography (IE)  Emerging Echo Enthusiasts - E3  Neonatal Hemodynamics TnECHO(NHTS)

ASE occasionally makes available its members' addresses (excluding telephone and email) to vendors who provide products and services to the cardiovascular ultrasound community.  If you prefer not to be included, please check this box.

**Please visit [ASEcho.org/PrivacyPolicy](http://ASEcho.org/PrivacyPolicy) for ASE's Privacy Policy.**

I agree to conform to ASE Bylaws and Code of Ethics, online at [www.asecho.org/asecodeofethics](http://www.asecho.org/asecodeofethics)

Signature \_\_\_\_\_ Date \_\_\_\_\_

ASE strives to represent all its members in all that we do. From live course presenters, to committees, to leadership, ASE seeks to be Diverse and inclusive. In this effort, we are requesting that you login to the member portal and complete your profile. We have added new demographics to help us evaluate the society's activities to accurately reflect you, our member. For more information about our Diversity and Inclusion Policy, please visit [www.asecho.org/ase-policy-statement](http://www.asecho.org/ase-policy-statement).

**Demographic Information:** The following information will help ASE maintain accurate membership data, but will not be considered in connection with your application of membership.

Gender:  Male  Female  Choose not to answer

Degree:  MD  PhD  DO  DVM  BS  ACS  RDCS  RCS  RVS  RVT  CCT  RN  Other \_\_\_\_\_

Language Fluency:  English  French  German  Hebrew  Hindi  Italian  Japanese  Mandarin  Portuguese  Spanish  Other \_\_\_\_\_

**Areas of Practice (select up to three areas):**

- Adult Congenital Heart Disease
- Adult Echocardiography
- Anesthesiology
- Cardiac Physiology
- Cardiac Surgery
- Cardiovascular Sonography
- Computer Tomography (CT)
- Critical Care
- Education
- Electrophysiology

- Emergency Medicine
- Fetal Echocardiography
- General/Primary Care
- Geriatric Cardiology
- Hospital Medicine
- Internal Medicine
- Interventional Cardiology
- MRI
- Neonatal Echocardiography
- Neonatal Hemodynamics/TnECHO
- Neurology

- Nuclear Cardiology
- Nursing
- Pediatric Cardiology
- Pediatric Echocardiography
- Perioperative Echocardiography
- Radiology
- Research
- Thoracic Surgery
- Vascular Medicine
- Veterinary Medicine
- Other \_\_\_\_\_

**Which of the following best describes your primary job setting?**

- Private Practice/Physician Office
- Hospital (not academic)
- Hospital and Private Practice/Physician Office
- Academic Institution
- Multi-discipline Cardiology Private Practice
- Veterans Administration
- Health Maintenance Organization/Preferred Provider Organization
- IDTF (Mobile Service)
- Other (please specify) \_\_\_\_\_

**To what other professional societies do you belong? Check all that apply:**

- American Association of Heart Failure Nurses (AAHFN)
- American Association for Thoracic Surgery (AATS)
- American College of Cardiology (ACC)
- The American Congress of Obstetricians and Gynecologists (ACOG)
- American College of Emergency Physicians (ACEP)
- American College of Physicians (ACP)
- American College of Radiology (ACR)
- American College of Veterinary Internal Medicine (ACVIM)
- American Heart Association (AHA)
- The American Institute of Ultrasound in Medicine (AIUM)
- American Medical Association (AMA)
- American Society of Nuclear Cardiology (ASNC)
- British Society of Echocardiography (BSE)
- Canadian Cardiovascular Society (CCS)
- Canadian Society of Echocardiography (CSE)
- Department of Cardiovascular Imaging of the Brazilian Society of Cardiology (DIC-SBC)
- European Association of Cardiovascular Imaging (EACVI)
- European Society of Cardiology (ESC)
- Heart Failure Society of America (HFSA)
- Heart Rhythm Society (HRS)
- Indian Academy of Echocardiography (IAE)
- InterAmerican Association of Echocardiography (ECOSIAC)
- International Contrast Ultrasound Society (ICUS)
- Japanese Society of Echocardiography (JSE)
- National Cardiac Society (NCS)
- Royal College of Physicians
- The Society for Cardiovascular Magnetic Resonance (SCMR)
- The Society of Pediatric Echocardiography (SOPE)
- The Society for Pediatric Radiology (SPR)
- The Society for Cardiovascular Angiography and Interventions (SCAI)
- Society of Cardiovascular Anesthesiologists (SCA)
- Society of Cardiovascular Computed Tomography (SCCT)
- Society of Critical Care in Medicine (SCCM)
- Society of Diagnostic Medical Sonography (SDMS)
- The Society of Thoracic Surgeons (STS)
- Society for Vascular Medicine (SVM)
- Other \_\_\_\_\_

Are you a clinical core lab director?  Yes  No

**Member Dues** (from previous page) Total Amount: \$ \_\_\_\_\_

**Payment Information**

VISA  MasterCard  American Express  Discover

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Sign me up for auto-renewal  Save this credit card for future transactions

**Return this application with payment to:**

American Society of Echocardiography

P.O. Box 890082

Charlotte, NC 28289-0082

Fax: 919-882-9900

Or, scan and email applications to [ase@asecho.org](mailto:ase@asecho.org)

ASE memberships run on a calendar year. If you are new to ASE, and join between September 1 and December 31, your membership will be extended through December 31 of the following year.



Join online at [ASEcho.org/Join](http://ASEcho.org/Join)