

2021 ASE Membership Application

JOIN ONLINE AT ASECHO.ORG/JOIN

Membership Categories <i>(Note: All fees are in US dollars)</i>	United States with print JASE	International with online only JASE	International with print JASE
Professional (out of training two years or more)			
Physician	<input type="checkbox"/> \$345	<input type="checkbox"/> \$115	<input type="checkbox"/> \$205
Scientist	<input type="checkbox"/> \$345	<input type="checkbox"/> \$115	<input type="checkbox"/> \$205
Sonographer/Allied Health*	<input type="checkbox"/> \$175	<input type="checkbox"/> \$115	<input type="checkbox"/> \$205
Veterinarian	<input type="checkbox"/> \$175	<input type="checkbox"/> \$115	<input type="checkbox"/> \$205
Professional Industry Affiliate**	<input type="checkbox"/> \$345		
Rising Star (completed training within last two years)			
Physician	<input type="checkbox"/> \$160	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Scientist	<input type="checkbox"/> \$160	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Sonographer/Allied Health*	<input type="checkbox"/> \$160	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Veterinarian	<input type="checkbox"/> \$160	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Fellow in Training/Student/Retired: Verification must accompany application. In order to keep costs low for these categories, JASE is accessible online only. To add a printed subscription to JASE, please provide an additional \$90.00 to membership fee.			
Fellow in Training	<input type="checkbox"/> \$75 (online JASE only)	<input type="checkbox"/> \$75 (online JASE only)	<input type="checkbox"/> \$165
Medical Student/Veterinarian Student	<input type="checkbox"/> \$75 (online JASE only)	<input type="checkbox"/> \$75 (online JASE only)	<input type="checkbox"/> \$165
Sonographer/Allied Health* Student	<input type="checkbox"/> \$75 (online JASE only)	<input type="checkbox"/> \$75 (online JASE only)	<input type="checkbox"/> \$165
Retired	<input type="checkbox"/> \$100 (online JASE only)	<input type="checkbox"/> \$100 (online JASE only)	<input type="checkbox"/> \$165

*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 for ASE's Privacy Policy.

I agree to conform to ASE Bylaws and Code of Ethics, online at 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.

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: Cantonese English French German Hebrew Italian Japanese Mandarin 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)
- European Association of Cardiovascular Imaging (EACVI)
- European Society of Cardiology (ESC)
- Heart Failure Society of America (HFSA)
- Heart Rhythm Society (HRS)
- 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)

Are you a clinical core lab director? Yes No

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

Payment Information

Check (Payable to ASE in US funds only. Must accompany this application.)

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

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