

2022 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)
Professional (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
Rising Star (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
Fellow in Training/Student/Retired: Verification must accompany application. In order to keep costs low for these categories, JASE is accessible online only.		
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. Professor

*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

SIGs: Critical Care Echocardiography Interventional Echocardiography Emerging Echo Enthusiasts
 Neonatal Hemodynamics ThECHO Cardio-Oncology

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 ASEcho.org/Diversity-Inclusion-Policy/.

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: MBBS 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
- Cardio-Oncology
- Cardiovascular Sonography

- Computer Tomography (CT)
- Critical Care
- Education
- Electrophysiology
- Emergency Medicine
- Fetal Echocardiography
- General Adult Cardiology
- 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 Academy of Pediatrics (AAP)
- American Academy of Physician Assistants (AAPA)
- American College of Cardiology (ACC)
- The American Congress of Obstetricians and Gynecologists (ACOG)
- American College of Chest Pain Physicians
- American College of Emergency Physicians (ACEP)
- American College of Physicians (ACP)
- 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)
- ASEAN Society of Echocardiography (ASEANEcho)
- Argentine Federation of Cardiology (FAC)
- Argentine Society of Cardiology (SAC)
- Asian-Pacific Association of Echocardiography (AAE)
- Asian Pacific Society of Cardiology (APSC)
- Asia-Pacific Pediatric Cardiac Society (APPCS)
- Australasian Society for Ultrasound in Medicine (ASUM)
- Australasian Sonographers Association (ASA)
- Australian and New Zealand College of Anaesthetists (ANZCA)
- British Heart Valve Society (BHVS)
- British Society of Echocardiography (BSE)
- Canadian Cardiovascular Society (CCS)
- Canadian Society of Echocardiography (CSE)
- Cardiothoracic Anaesthesia Society of South Africa (CASSA)
- College of Anaesthesiologists, Singapore
- Chinese Society of Echocardiography
- Cuban Society of Cardiology, Echocardiography Section
- Department of Cardiovascular Imaging of the Brazilian Society of Cardiology (DIC-SBC)
- European Association of Cardiovascular Imaging (EACVI)
- European Society of Cardiology (ESC)
- European Society of Paediatric Research (ESPR)
- Heart Rhythm Society (HRS)
- Indian Academy of Echocardiography (IAE)
- Indian Association of Cardiovascular Thoracic Anaesthesiologists (IACTA)
- Indonesian Society of Echocardiography (ISE)
- InterAmerican Association of Echocardiography (ECOSIAC)
- International Contrast Ultrasound Society (ICUS)
- Iranian Society of Echocardiography (ISE)
- Israel Working Group on Echocardiography
- Italian Association of Cardiothoracic Anaesthesiologists (ITACTA)
- Japanese Society of Echocardiography (JSE)
- Korean Society of Echocardiography (KSE)
- Mexican Society of Echocardiography and Cardiovascular Imaging (SOME-ic)
- National Association of Cardiologists of Mexico, AC (ANCAM)
- The Pan-African Society of Cardiology (PASCAR)
- National Cardiac Society (NCS)
- Philippine Society of Echocardiography (PSE)
- Royal College of Physicians
- Saudi Arabian Society of Echocardiography (SASE)
- Sociedad de Imágenes Cardiovasculares de la Sociedad Interamericana de Cardiología (SISIAC) "La imagen de Las Américas"
- Thai Society of Echocardiography (TSE)
- The Society for Cardiovascular Magnetic Resonance (SCMR)
- The Society of Pediatric Echocardiography (SOPE)
- Venezuelan Society of Cardiology, Echocardiography Section
- Vietnamese Society of Echocardiography (VNSE)
- 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 your application to 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