

# 2022 ASE Membership Application

JOIN ONLINE AT ASECHO.ORG/JOIN

Membership Categories (Note: All fees are in US dollars)	United States with print JASE	International with online only JASE	International with print JASE
<b>Professional</b> (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		
<b>Rising Star</b> (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
<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. To add a printed subscription to JASE, please provide an additional \$90.00 to membership fee.</b>			
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.  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 TnECHO  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](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 [ASEcho.org/Diversity-Inclusion-Policy/](http://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:  MD  PhD  DO  MBBS  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):

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Adult Congenital Heart Disease | <input type="checkbox"/> Critical Care            | <input type="checkbox"/> Internal Medicine            | <input type="checkbox"/> Pediatric Echocardiography     |
| <input type="checkbox"/> Adult Echocardiography         | <input type="checkbox"/> Education                | <input type="checkbox"/> Interventional Cardiology    | <input type="checkbox"/> Perioperative Echocardiography |
| <input type="checkbox"/> Anesthesiology                 | <input type="checkbox"/> Electrophysiology        | <input type="checkbox"/> MRI                          | <input type="checkbox"/> Radiology                      |
| <input type="checkbox"/> Cardiac Physiology             | <input type="checkbox"/> Emergency Medicine       | <input type="checkbox"/> Neonatal Echocardiography    | <input type="checkbox"/> Research                       |
| <input type="checkbox"/> Cardiac Surgery                | <input type="checkbox"/> Fetal Echocardiography   | <input type="checkbox"/> Neonatal Hemodynamics/TnECHO | <input type="checkbox"/> Thoracic Surgery               |
| <input type="checkbox"/> Cardio-Oncology                | <input type="checkbox"/> General Adult Cardiology | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Vascular Medicine              |
| <input type="checkbox"/> Cardiovascular Sonography      | <input type="checkbox"/> General/Primary Care     | <input type="checkbox"/> Nuclear Cardiology           | <input type="checkbox"/> Veterinary Medicine            |
| <input type="checkbox"/> Computer Tomography (CT)       | <input type="checkbox"/> Geriatric Cardiology     | <input type="checkbox"/> Nursing                      | <input type="checkbox"/> Other _____                    |
|   | <input type="checkbox"/> Hospital Medicine        | <input type="checkbox"/> Pediatric Cardiology         |   |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Private Practice/Physician Office              | <input type="checkbox"/> Multi-discipline Cardiology Private Practice                    |
| <input type="checkbox"/> Hospital (not academic)                        | <input type="checkbox"/> Veterans Administration   |
| <input type="checkbox"/> Hospital and Private Practice/Physician Office | <input type="checkbox"/> Health Maintenance Organization/Preferred Provider Organization |
| <input type="checkbox"/> Academic Institution                           | <input type="checkbox"/> IDTF (Mobile Service)   |
|   | <input type="checkbox"/> Other (please specify) _____                                    |

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

- |  |  |
|--|--|
| <input type="checkbox"/> American Academy of Pediatrics (AAP)                            | <input type="checkbox"/> European Association of Cardiovascular Imaging (EACVI)              |
| <input type="checkbox"/> American Academy of Physician Assistants (AAPA)                 | <input type="checkbox"/> European Society of Cardiology (ESC)                                |
| <input type="checkbox"/> American Association of Heart Failure Nurses (AAHFN)            | <input type="checkbox"/> Heart Failure Society of America (HFSA)                             |
| <input type="checkbox"/> American Association for Thoracic Surgery (AATS)                | <input type="checkbox"/> Heart Rhythm Society (HRS)  |
| <input type="checkbox"/> American College of Cardiology (ACC)                            | <input type="checkbox"/> International Contrast Ultrasound Society (ICUS)                    |
| <input type="checkbox"/> American College of Chest Pain Physicians                       | <input type="checkbox"/> Japanese Society of Echocardiography (JSE)                          |
| <input type="checkbox"/> The American Congress of Obstetricians and Gynecologists (ACOG) | <input type="checkbox"/> National Cardiac Society (NCS)                                      |
| <input type="checkbox"/> American College of Emergency Physicians (ACEP)                 | <input type="checkbox"/> Neonatal Heart Society  |
| <input type="checkbox"/> American College of Physicians (ACP)                            | <input type="checkbox"/> Royal College of Physicians   |
| <input type="checkbox"/> American College of Radiology (ACR)                             | <input type="checkbox"/> The Society for Cardiovascular Magnetic Resonance (SCMR)            |
| <input type="checkbox"/> American College of Veterinary Internal Medicine (ACVIM)        | <input type="checkbox"/> The Society of Pediatric Echocardiography (SOPE)                    |
| <input type="checkbox"/> American Heart Association (AHA)                                | <input type="checkbox"/> The Society for Pediatric Radiology (SPR)                           |
| <input type="checkbox"/> The American Institute of Ultrasound in Medicine (AIUM)         | <input type="checkbox"/> The Society for Cardiovascular Angiography and Interventions (SCAI) |
| <input type="checkbox"/> American Medical Association (AMA)                              | <input type="checkbox"/> Society of Cardiovascular Anesthesiologists (SCA)                   |
| <input type="checkbox"/> American Society of Nuclear Cardiology (ASNC)                   | <input type="checkbox"/> Society of Cardiovascular Computed Tomography (SCCT)                |
| <input type="checkbox"/> British Society of Echocardiography (BSE)                       | <input type="checkbox"/> Society of Critical Care in Medicine (SCCM)                         |
| <input type="checkbox"/> Canadian Cardiovascular Society (CCS)                           | <input type="checkbox"/> Society of Diagnostic Medical Sonography (SDMS)                     |
| <input type="checkbox"/> Canadian Society of Echocardiography (CSE)                      | <input type="checkbox"/> The Society of Thoracic Surgeons (STS)                              |
|  | <input type="checkbox"/> Society for Vascular Medicine (SVM)                                 |
|  | <input type="checkbox"/> Society of Hospital Medicine (SHM)                                  |
|  | <input type="checkbox"/> SONECOM   |

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 or scan and email your application 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)