

2022 ASE Organizational Membership Application

Please email completed form to Suzanne Morris (smorris@asecho.org)

This form must be used to add individual members to your ASE organizational membership. Please provide the requested information in the table on the back of this form for each individual receiving ASE membership benefits under the organizational membership. All memberships purchased under this application will belong to the individual and cannot be transferred or pro-rated. Please select the type of membership you are choosing, if there are multiple membership types, please indicate on the back of this form.

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

*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.

List current member that should be credited with referral to ASE.

Name: _____ Email address: _____ Member ID: _____

Primary Contact

*As the primary contact for this ASE organizational membership, I hereby attest that I have the authority to give consent for the contacts listed on the back of this form to receive ASE communications (i.e., email and physical mail). I understand that each contact listed on the back of this form may subsequently make changes to their personal communications preferences in the member profile area of the ASE website.

*Primary Contact Name _____ *Primary Contact Email _____

*Primary Contact Phone _____ *Company Name _____

*Signature _____

*City _____ *State/Province _____ *Postal Code _____ *Country _____

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

Organizational Membership Form

This form must be used to add individual memberships to your ASE organizational membership. Please provide the requested information in the table below for each individual receiving ASE membership benefits under the organizational membership. Reminder, all ASE memberships belong to the individual, ASE memberships run on a calendar year, January through December 31st. Memberships are not pro-rated. If you join after August 31, you are considered a member for the following year. Paid ASE memberships are non-refundable and non-transferrable. If you have any questions, please contact ASE at ASE@asecho.org

Membership Type	Member Full Name (include professional suffix)	Email Address	Mailing Address	Current ASE Member? If yes, please provide Member ID

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.



Questions about Institutional Membership,
contact ASE@asecho.org