2022 ASE Organizational Membership Application

Please email completed form to Christine Gil (CGil@ASEcho.org)

To make it easier for multiple people from the same institution to join or renew, and be paid for on one invoice, this organizational application can be used. ASE memberships belong to the individual and cannot be transferred or pro-rated.

FOLLOW THESE THREE STEPS:

- Select membership type from list below (if different membership types are needed, please indicate type on page 2)
- Complete the information requested on page 2 for each member joining or renewing (name, email, and mailing address is required for member activation).
- Email your completed form to Christine Gil at CGil@ASEcho.org and she will send one invoice for payment.

As a bonus for using this form, receive one complimentary membership for every five memberships purchased.

| Membership Categories | UNITED STATES | INTERNATIONAL | INTERNATIONAL | | | |
|--|----------------------------------|--------------------------------|--------------------------------|--|--|--|
| (Note: All fees are in U.S. dollars) | WITH PRINT JASE | WITH ONLINE ONLY JASE | WITH PRINT JASE | | | |
| PROFESSIONAL (OUT OF TRAINING TWO YEARS OR MORE) | | | | | | |
| PHYSICIAN | □ \$345 | □ \$115 | □ \$205 | | | |
| SCIENTIST | □ \$345 | ☐ \$115 | □ \$205 | | | |
| SONOGRAPHER/ALLIED HEALTH* | □ \$175 | ☐ \$115 | □ \$205 | | | |
| VETERINARIAN | ☐ \$175 | ☐ \$115 | □ \$205 | | | |
| PROFESSIONAL INDUSTRY AFFILIATE** | □ \$345 | | | | | |
| RISING STAR (COMPLETED TRAINING WITHIN LAST TWO YE | A DC) | | | | | |
| PHYSICIAN | | □ 011E | | | | |
| | \$345 | \$115 | \$205 | | | |
| SCIENTIST | \$345 | □ \$115 | \$205 | | | |
| SONOGRAPHER/ALLIED HEALTH* | ☐ \$ 175 | ☐ \$ 115 | □ \$205 | | | |
| VETERINARIAN | ☐ \$ 175 | ☐ \$ 115 | □ \$205 | | | |
| FELLOW IN TRAINING/STUDENT: Verification must accompa | ny application. In order to keep | costs low for these categories | IASE is accessible online only | | | |
| FELLOW IN TRAINING/STUDENT: 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 | ☐ \$75 (online JASE only) | ☐ \$75 (online JASE only) | □ \$165 | | | |
| MEDICAL STUDENT/VETERINARIAN STUDENT | ☐ \$75 (online JASE only) | ☐ \$75 (online JASE only) | ☐ \$165 | | | |
| SONOGRAPHER/ALLIED HEALTH* STUDENT | ☐ \$75 (online JASE only) | ☐ \$75 (online JASE only) | □ \$165 | | | |
| *Please choose the Allied Health Category: Sonographer Nurse Physician Assistant Other (please specify) | | | | | | |
| List current member that should be credited with referral to ASE (if applicable). | | | | | | |
| Name: | Email Address: | | | | | |
| 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. All fields marked with an * are required. | | | | | | |
| *Primary Contact Name: | *Primary Contact Email: | | | | | |
| *Primary Contact Phone: | *Company Name: | | | | | |
| *Signature: | | | | | | |
| Are you a clinical core lab director? | | | | | | |
| | | | | | | |

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.

Return this application to: CGil@ASEcho.org. An invoice for payment will be sent to you.

Organizational Membership Form

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 and run on a calendar year, January 1 through December 31. Paid ASE memberships are not pro-rated, are non-refundable, and non-transferable. If someone joins after August 31, the membership is extended through the following year. If you have any questions, please contact Christine Gil at CGil@ASEcho.org.

| MEMBERSHIP TYPE | MEMBER FULL NAME (INCLUDE PROFESSIONAL SUFFIX) | EMAIL ADDRESS | MAILING ADDRESS | CURRENT ASE MEMBER? IF YES, PLEASE PROVIDE MEMBER ID |
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ASE memberships run on a calendar year. Anyone who joins between September 1 and December 31, will have their membership extended through December 31 of the following year.

