2023 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:

1. Select membership type from list below (if different membership types are needed, please indicate type on page 2).

2. Complete the information requested on page 2 for each member joining or renewing (name, email, and mailing address is required for member activation).

3. 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
(Note: All fees are in U.S. dollars)

Membership Categories	UNITED STATES WITH PRINT JASE	OUTSIDE OF U.S. WITH ONLINE JASE ONLY	OUTSIDE OF U.S. WITH PRINT JASE
PROFESSIONAL (OUT OF TRAINING TWO YEARS OR MORE)			
PHYSICIAN/SCIENTIST	☐ $365	☐ $125	☐ $215
SONOGRAPHER/ALLIED HEALTH	☐ $175	☐ $125	☐ $215
VETERINARIAN	☐ $175	☐ $125	☐ $215
PROFESSIONAL INDUSTRY AFFILIATE*	☐ $365		
PHYSICIAN/SCIENTIST - CANADA		☐ $275	☐ $365
EARLY CAREER (COMPLETED TRAINING WITHIN LAST THREE YEARS) **JASE IS ONLINE ONLY. TO RECEIVE A PRINTED JASE, PLEASE ADD $90 TO YOUR MEMBERSHIP FEE.**			
PHYSICIAN/SCIENTIST	☐ $180		
SONOGRAPHER/ALLIED HEALTH	☐ $150		
VETERINARIAN	☐ $150		
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 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

* Individuals with an interest in cardiovascular ultrasound who are not professional healthcare practitioners, such as hospital administrators, industry professionals, and media.

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? ☐ Yes ☐ No

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

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.

Questions about Organizational Membership? Contact CGil@ASEcho.org.

AMERICAN SOCIETY OF ECHOCARDIOGRAPHY
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