

2023 ASE Membership Application

JOIN ONLINE AT ASECHO.ORG/JOIN

Membership Categories. (Note: All fees are in US dollars)	Outside of U.S. with online only JASE	Outside of U.S. with print JASE (additional \$90 fee required)
Professional		
Physician	<input type="checkbox"/> \$125	<input type="checkbox"/> \$215
Scientist	<input type="checkbox"/> \$125	<input type="checkbox"/> \$215
Physician/Scientist - Canada	<input type="checkbox"/> \$275	<input type="checkbox"/> \$365
Sonographer/Allied Health	<input type="checkbox"/> \$125	<input type="checkbox"/> \$215
Veterinarian	<input type="checkbox"/> \$125	<input type="checkbox"/> \$215

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
Sonographer/Allied Health Student	<input type="checkbox"/> \$75	<input type="checkbox"/> \$165
Retired	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190

I am a: Physician Scientist Sonographer Pediatrician Veterinarian Nurse Physician Assistant Other (please specify) _____

*All memberships receive online only JASE by default. To add the print JASE subscription to your order, please select an option from the second column.

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 _____

*Mobile Phone _____ Opt-in to text notifications Work 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: Cardiovascular Sonography Perioperative Echocardiography
 Pediatric and Congenital Heart Disease Circulation & Vascular Ultrasound Critical Care Echocardiography

SIGs: Interventional Echocardiography Emerging Echo Enthusiasts
 Neonatal Hemodynamics TnECHO Cardio-Oncology Veterinary

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 Non-binary 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):

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

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"/> Cardiothoracic Anaesthesia Society of South Africa (CASSA) |
| <input type="checkbox"/> American Academy of Physician Assistants (AAPA) | <input type="checkbox"/> College of Anaesthesiologists, Singapore |
| <input type="checkbox"/> American College of Cardiology (ACC) | <input type="checkbox"/> Chinese Society of Echocardiography |
| <input type="checkbox"/> The American Congress of Obstetricians and Gynecologists (ACOG) | <input type="checkbox"/> Cuban Society of Cardiology, Echocardiography Section |
| <input type="checkbox"/> American College of Chest Pain Physicians | <input type="checkbox"/> Department of Cardiovascular Imaging of the Brazilian Society of Cardiology (DIC-SBC) |
| <input type="checkbox"/> American College of Emergency Physicians (ACEP) | <input type="checkbox"/> European Association of Cardiovascular Imaging (EACVI) |
| <input type="checkbox"/> American College of Physicians (ACP) | <input type="checkbox"/> European Society of Cardiology (ESC) |
| <input type="checkbox"/> American College of Veterinary Internal Medicine (ACVIM) | <input type="checkbox"/> European Society of Paediatric Research (ESPR) |
| <input type="checkbox"/> American Heart Association (AHA) | <input type="checkbox"/> Heart Rhythm Society (HRS) |
| <input type="checkbox"/> The American Institute of Ultrasound in Medicine (AIUM) | <input type="checkbox"/> Indian Academy of Echocardiography (IAE) |
| <input type="checkbox"/> American Medical Association (AMA) | <input type="checkbox"/> Indian Association of Cardiovascular Thoracic Anaesthesiologists (IACTA) |
| <input type="checkbox"/> American Society of Nuclear Cardiology (ASNC) | <input type="checkbox"/> Indonesian Society of Echocardiography (ISE) |
| <input type="checkbox"/> ASEAN Society of Echocardiography (ASEANEcho) | <input type="checkbox"/> InterAmerican Association of Echocardiography (ECOSIAC) |
| <input type="checkbox"/> Argentine Federation of Cardiology (FAC) | <input type="checkbox"/> International Contrast Ultrasound Society (ICUS) |
| <input type="checkbox"/> Argentine Society of Cardiology (SAC) | <input type="checkbox"/> Iranian Society of Echocardiography (ISE) |
| <input type="checkbox"/> Asian-Pacific Association of Echocardiography (AAE) | <input type="checkbox"/> Israel Working Group on Echocardiography |
| <input type="checkbox"/> Asian Pacific Society of Cardiology (APSC) | <input type="checkbox"/> Italian Association of Cardiothoracic Anaesthesiologists (ITACTA) |
| <input type="checkbox"/> Asia-Pacific Pediatric Cardiac Society (APPCS) | <input type="checkbox"/> Japanese Society of Echocardiography (JSE) |
| <input type="checkbox"/> Australasian Society for Ultrasound in Medicine (ASUM) | <input type="checkbox"/> Korean Society of Echocardiography (KSE) |
| <input type="checkbox"/> Australasian Sonographers Association (ASA) | <input type="checkbox"/> Mexican Society of Echocardiography and Cardiovascular Imaging (SOME-ic) |
| <input type="checkbox"/> Australian and New Zealand College of Anaesthetists (ANZCA) | <input type="checkbox"/> National Association of Cardiologists of Mexico, AC (ANCAM) |
| <input type="checkbox"/> British Heart Valve Society (BHVS) | <input type="checkbox"/> The Pan-African Society of Cardiology (PASCAR) |
| <input type="checkbox"/> British Society of Echocardiography (BSE) | <input type="checkbox"/> National Cardiac Society (NCS) |
| <input type="checkbox"/> Canadian Cardiovascular Society (CCS) | <input type="checkbox"/> Philippine Society of Echocardiography (PSE) |
| <input type="checkbox"/> Canadian Society of Echocardiography (CSE) | <input type="checkbox"/> Royal College of Physicians |

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

- | |
|--|
| <input type="checkbox"/> Saudi Arabian Society of Echocardiography (SASE) |
| <input type="checkbox"/> Sociedad de Imágenes Cardiovasculares de la Sociedad Interamericana de Cardiología (SISIAC) "La imagen de Las Américas" |
| <input type="checkbox"/> Thai Society of Echocardiography (TSE) |
| <input type="checkbox"/> The Society for Cardiovascular Magnetic Resonance (SCMR) |
| <input type="checkbox"/> The Society of Pediatric Echocardiography (SOPE) |
| <input type="checkbox"/> Venezuelan Society of Cardiology, Echocardiography Section |
| <input type="checkbox"/> Vietnamese Society of Echocardiography (VNSE) |
| <input type="checkbox"/> Other _____ |

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