2024 ASE Membership Application

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	❑ $125	❑ $215
Scientist	❑ $125	❑ $215
Physician/Scientist - Canada	❑ $275	❑ $365
Sonographer/Allied Health	❑ $125	❑ $215
Veterinarian	❑ $125	❑ $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	❑ $75	❑ $165
Sonographer/Allied Health Student	❑ $75	❑ $165
Retired	❑ $120	❑ $210

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 right column.*

I am a: ❑ Clinical Core Lab Director ❑ Medical Director ❑ Technical Director ❑ Program Director

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 the groups that best fit your interests from the lists below.

Councils: ❑ Cardiovascular Sonography ❑ Circulation & Vascular Ultrasound ❑ Critical Care Echocardiography
❑ Interventional Echocardiography ❑ Pediatric and Congenital Heart Disease ❑ Perioperative Echocardiography

SIGs: ❑ Cardio-Oncology ❑ Emerging Echo Enthusiasts ❑ Neonatal Hemodynamics TnECHO ❑ 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 ____________________

Updated 8/2023

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)*:

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

Which of the following best describes your primary job setting?

❑ Private Practice/Physician Office
❑ Hospital (not academic)
❑ Hospital and Private Practice/Physician Office
❑ Academic Institution
❑ Multi-discipline Cardiology Private Practice
❑ Veterans Administration
❑ Health Maintenance Organization/Preferred Provider Organization
❑ IDTF (Mobile Service)
❑ Other (please specify)____

PAYMENT

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

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.

ENGAGE WITH ASE

Engage with ASE
ASEcho.org/Engage-with-ASE

ASE Ambassador Program
ASEcho.org/MemberAmbassadorProgram

Councils
ASEcho.org/MemberCouncils

Leadership Academy
ASEcho.org/LeadershipAcademy

Join online at ASEcho.org/Join