

2024 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 new 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	<input type="checkbox"/> \$365	<input type="checkbox"/> \$125	<input type="checkbox"/> \$215
SONOGRAPHER/ALLIED HEALTH	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125	<input type="checkbox"/> \$215
VETERINARIAN	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125	<input type="checkbox"/> \$215
PROFESSIONAL INDUSTRY AFFILIATE*	<input type="checkbox"/> \$365		
PHYSICIAN/SCIENTIST - CANADA		<input type="checkbox"/> \$275	<input type="checkbox"/> \$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	<input type="checkbox"/> \$180		
SONOGRAPHER/ALLIED HEALTH	<input type="checkbox"/> \$150		
VETERINARIAN	<input type="checkbox"/> \$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	<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

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

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: _____

Please check one: Clinical Core Lab Director Medical Director Technical Director Program Director Office Administrator 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.

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

