

2025 ASE New Membership Application

In celebration of ASE's 50th Anniversary in 2025, **all new members receive \$50 USD off** the regular member rates.
Early Career members are 50% off and Fellows and Students are FREE for 2025.

Membership Categories <i>(Note: All fees are in US dollars)</i>	United States with print JASE	Outside of U.S. with online only JASE	Outside of U.S. with print JASE
Professional (Out of training three years or more.)			
Physician/Scientist	<input type="checkbox"/> \$365 \$315	<input type="checkbox"/> \$125 \$75	<input type="checkbox"/> \$215 \$165
Sonographer	<input type="checkbox"/> \$175 \$125	<input type="checkbox"/> \$125 \$75	<input type="checkbox"/> \$215 \$165
Veterinarian	<input type="checkbox"/> \$175 \$125	<input type="checkbox"/> \$125 \$75	<input type="checkbox"/> \$215 \$165
Advanced Practice Practitioner	<input type="checkbox"/> \$175 \$125		
Physician/Scientist - Canada		<input type="checkbox"/> \$275 \$225	<input type="checkbox"/> \$365 \$315
Professional Industry Affiliate*	<input type="checkbox"/> \$365 \$315		
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 \$90 (online JASE only)		
Sonographer/Allied Health	<input type="checkbox"/> \$150 \$75 (online JASE only)		
Veterinarian	<input type="checkbox"/> \$150 \$75 (online JASE only)		
Fellow in Training/Student/Retired: Verification must accompany application. In order to keep costs low for these categories, JASE is online only. To receive a printed JASE, please add \$90 to your membership fee.			
Fellow in Training	<input type="checkbox"/> \$75 \$0 (online JASE only)	<input type="checkbox"/> \$75 \$0 (online JASE only)	<input type="checkbox"/> \$165 \$90
Sonographer/Allied Health Student	<input type="checkbox"/> \$75 \$0 (online JASE only)	<input type="checkbox"/> \$75 \$0 (online JASE only)	<input type="checkbox"/> \$165 \$90
Retired	<input type="checkbox"/> \$120 \$70 (online JASE only)	<input type="checkbox"/> \$120 \$70 (online JASE only)	<input type="checkbox"/> \$210 \$160

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

**Individuals with an interest in cardiovascular ultrasound who are not professional healthcare practitioners, such as Hospital Administrators, Industry Professionals, and Media.*

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) Are you a member of the AMA? Yes No

Become part of ASE's Councils and/or Special Interest Groups (SIGs). No additional dues are required. Please select which you would like to join 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 POCUS Targeted Neonatal Echocardiography Veterinary

ASE occasionally makes available its members' addresses (excluding telephone and email) to vendors who provide products and services to the cardiovascular ultrasound community. Please check this box if you prefer not to be included.

Please visit ASEcho.org/PrivacyPolicy for ASE's Privacy Policy.

I agree to conform to ASE Bylaws and Code of Ethics, online at 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. To help in this effort, please, log in to your 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: MD PhD DO MBBS DVM BS ACS RDCS RCS RVS RVT CCT RN Other _____

Language Fluency: Cantonese English French German Hebrew Italian Japanese Mandarin 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"/> Veterans Administration |
| <input type="checkbox"/> Hospital (not academic) | <input type="checkbox"/> Health Maintenance Organization/Preferred Provider Organization |
| <input type="checkbox"/> Hospital and Private Practice/Physician Office | <input type="checkbox"/> IDTF (Mobile Service) |
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Traveler/Locum Tenens |
| <input type="checkbox"/> Multi-discipline Cardiology Private Practice | <input type="checkbox"/> 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 Soulmates Program

ASEcho.org/ASE50th/ASE-Soulmates-Program

Councils

ASEcho.org/MemberCouncils

Leadership Academy

ASEcho.org/LeadershipAcademy



Join online at ASEcho.org/Join