

# 2025 ASE Group 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 group application can be used. ASE memberships belong to the individual and cannot be transferred or pro-rated. 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.

## 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.

## 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	
	RENEWING	NEW	RENEWING	NEW
PROFESSIONAL (OUT OF TRAINING TWO YEARS OR MORE)				
PHYSICIAN/SCIENTIST	<input type="checkbox"/> \$365	<input type="checkbox"/> \$315	<input type="checkbox"/> \$125	<input type="checkbox"/> \$75
SONOGRAPHER/ALLIED HEALTH	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	<input type="checkbox"/> \$75
VETERINARIAN	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	<input type="checkbox"/> \$75
PROFESSIONAL INDUSTRY AFFILIATE*	<input type="checkbox"/> \$365	<input type="checkbox"/> \$315		
PHYSICIAN/SCIENTIST - CANADA			<input type="checkbox"/> \$275	<input type="checkbox"/> \$225
EXPANDING COUNTRY MEMBERS See list at <a href="http://ASEcho.org/Emerging-Market-Membership/">ASEcho.org/Emerging-Market-Membership/</a>			<input type="checkbox"/> \$25	

## EARLY CAREER (completed training within last three years) JASE is accessible online only.

PHYSICIAN/SCIENTIST	<input type="checkbox"/> \$180 \$90
SONOGRAPHER/ALLIED HEALTH	<input type="checkbox"/> \$150 \$75
VETERINARIAN	<input type="checkbox"/> \$150 \$75

## FELLOW IN TRAINING/STUDENT: In order to keep costs low for these categories, JASE is accessible online only.

FELLOW IN TRAINING	<input type="checkbox"/> \$75 \$0	<input type="checkbox"/> \$75 \$0
MEDICAL STUDENT/VETERINARIAN STUDENT	<input type="checkbox"/> \$75 \$0	<input type="checkbox"/> \$75 \$0
SONOGRAPHER/ALLIED HEALTH* STUDENT	<input type="checkbox"/> \$75 \$0	<input type="checkbox"/> \$75 \$0

\* 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.

### Group Membership Form

Please provide the requested information in the table below for each individual receiving ASE membership benefits under the group 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](mailto:CGil@ASEcho.org).

MEMBERSHIP TYPE	MEMBER FULL NAME (INCLUDE PROFESSIONAL SUFFIX)	EMAIL ADDRESS	MAILING ADDRESS	CURRENT ASE MEMBER? IF YES, PLEASE PROVIDE MEMBER ID

