

2026 ASE NEW MEMBERSHIP APPLICATION

All ASE memberships include unlimited online access to the *Journal of the American Society of Echocardiography* (JASE), over 25 hours of CME per year, professional development tools, and more!

Membership Categories (Note: All fees are in US dollars)	United States	Outside of U.S.
Professional (Out of training three years or more.)		
Physician/Scientist	<input type="checkbox"/> \$365	<input type="checkbox"/> \$125
Sonographer	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
Veterinarian	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125
Advanced Practice Practitioner	<input type="checkbox"/> \$175	
Physician/Scientist - Canada		<input type="checkbox"/> \$200
Professional Industry Affiliate*	<input type="checkbox"/> \$365	
Expanding Country**		<input type="checkbox"/> \$35
Early Career (Completed training within last three years and currently resides in the United States.)		
Physician/Scientist	<input type="checkbox"/> \$180	
Sonographer/Allied Health	<input type="checkbox"/> \$150	
Veterinarian	<input type="checkbox"/> \$150	
Fellow in Training/Student/Retired		
Fellow in Training	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
Sonographer/Allied Health Student	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
Retired Physician	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120
Retired Sonographer	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100

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

** Physicians, scientists, veterinarians, diagnostic medical sonographers, medical technologists, nurses and physician assistants. Scan the QR code on the back for qualifying countries.

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

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: _____

General Information (please type or print) * denotes required field

*Name _____
Last First Middle

*Preferred Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Professor

*Organization _____

*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 Specialty Interest Groups (SIGs). No additional dues are required. Please select all 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](https://asecho.org/PrivacyPolicy) for ASE's Privacy Policy.

I agree to conform to ASE Bylaws and Code of Ethics, online at [ASEcho.org/ASECodeofEthics](https://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 the ASE 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"/> Education | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pediatric Cardiology |
| <input type="checkbox"/> Adult Echocardiography | <input type="checkbox"/> Electrophysiology | <input type="checkbox"/> Interventional Cardiology | <input type="checkbox"/> Pediatric Echocardiography |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Interventional Echocardiography | <input type="checkbox"/> Perioperative Echocardiography |
| <input type="checkbox"/> Cardiac Physiology | <input type="checkbox"/> Family 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"/> Critical Care | <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"/> Academic Institution | <input type="checkbox"/> Multi-Discipline Cardiology Private Practice |
| <input type="checkbox"/> Health Maintenance Organization/Preferred Provider | <input type="checkbox"/> Private Practice/Physician Office |
| <input type="checkbox"/> IDTF (Mobile Service) | <input type="checkbox"/> Traveler/Locum Tenens |
| <input type="checkbox"/> Hospital (not academic) | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Hospital and Private Practice/Physician Office | <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 160116
Altamonte Springs, FL 32716-0116

ASE memberships run on a calendar year and are not pro-rated. Paid ASE memberships are non-refundable and non-transferable. 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/AmbassadorProgram



Councils
ASEcho.org/MemberCouncils



Expanding Countries
ASEcho.org/ExpandingCountries



Join online at ASEcho.org/Join

ASE Group Membership is available to companies, labs, and hospitals interested in joining ASE in a simplified, cost-effective way.