

2026 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.

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 See list at ASEcho.org/ExpandingCountries		<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.

1. Select membership type from list above (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.

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.**

*Organization/Lab name: _____

*Primary Contact: _____ *Primary Contact Email: _____

Please check one: ☐ Clinical Core Lab Director ☐ Medical Director ☐ Technical Director ☐ Program Director ☐ Office Administrator ☐ Other _____

*ASE Ambassador Name : _____ *ASE Ambassador Email: _____

The ASE Ambassador will receive a discounted membership rate in 2027. Please visit ASEcho.org for more information.

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. **Mailing address and email address must be provided before group membership can be processed.** 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 nonrefundable, 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.

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