2027 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	❑ $420	❑ $140
Sonographer	❑ $195	❑ $140
Veterinarian	❑ $195	❑ $140
Advanced Practice Practitioner	❑ $195	
Physician/Scientist - Canada		❑ $225
Professional Industry Affiliate*	❑ $420	
Expanding Country**		❑ $38
Early Career *(Completed training within last three years and currently resides in the United States.)*		
Physician/Scientist	❑ $200	
Sonographer/Allied Health	❑ $165	
Veterinarian	❑ $165	
Fellow in Training/Student/Retired		
Fellow in Training	❑ $0	❑ $0
Sonographer/Allied Health Student	❑ $0	❑ $0
Retired Physician	❑ $135	❑ $135
Retired Sonographer	❑ $110	❑ $110
Military Membership		
Military Physician	❑ $210	
Military Sonographer + Others	❑ $97.50	

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

*** All membership categories included. Scan the QR code on page 2 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/Sonography 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

Specialty Interest Groups: ❑ Cardio-Oncology ❑ Emerging Echo Enthusiasts ❑ Inflammatory Myocardial and Pericardial Disease ❑ POCUS ❑ Targeted Neonatal Echocardiography ❑ Veterinary

ASE occasionally makes available its members' mailing 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/Privacy-Policy for ASE's Privacy Policy.

I agree to conform to ASE Bylaws and Code of Ethics, online at ASEcho.org/ASECodeofEthics

Signature _____ Date _____

Updated 8/2026

From live course presenters to committees and leadership, ASE strives to ensure that the breadth of our membership is reflected in all our activities. The demographic questions are captured in your ASE Portal to help us better understand and align the Society's activities and opportunities with our members.

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):

- ❑ Adult Congenital Heart Disease
- ❑ Adult Echocardiography
- ❑ Anesthesiology
- ❑ Cardiac Physiology
- ❑ Cardiac Surgery
- ❑ Cardio-Oncology
- ❑ Cardiovascular Sonography
- ❑ Computer Tomography (CT)
- ❑ Critical Care
- ❑ Education
- ❑ Electrophysiology
- ❑ Emergency Medicine
- ❑ Family Medicine
- ❑ Fetal Echocardiography
- ❑ General Adult Cardiology
- ❑ General/Primary Care
- ❑ Geriatric Cardiology
- ❑ Hospital Medicine
- ❑ Internal Medicine
- ❑ Interventional Cardiology
- ❑ Interventional Echocardiography
- ❑ MRI
- ❑ Neonatal Echocardiology
- ❑ Neonatal Hemodynamics/TnECHO
- ❑ Neurology
- ❑ Nuclear Cardiology
- ❑ Nursing
- ❑ Pediatric Cardiology
- ❑ Pediatric Echocardiography
- ❑ Perioperative Echocardiography
- ❑ Radiology
- ❑ Research
- ❑ Thoracic Surgery
- ❑ Vascular Medicine
- ❑ Veterinary Medicine
- ❑ Other _____

Which of the following best describes your primary job setting?

- ❑ Academic Institution
- ❑ Health Maintenance Organization/Preferred Provider
- ❑ IDTF (Mobile Service)
- ❑ Hospital (not academic)
- ❑ Hospital and Private Practice/Physician Office
- ❑ Multi-Discipline Cardiology Private Practice
- ❑ Private Practice/Physician Office
- ❑ Traveler/Locum Tenens
- ❑ Veterans Administration
- ❑ 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

American Society of Echocardiography

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.
Email Christine Gil at CGil@ASEcho.org for more information.