

# 2018 ASE Membership Application

JOIN ONLINE AT ASECHO.ORG/JOIN

ASE strives to maintain low membership fees while offering an extremely wide range of benefits to the cardiovascular imaging professional. International dues are available to anyone who resides outside the United States.

Membership Categories <i>(Note: All fees are in US dollars)</i>	International with online only JASE	International with print JASE <i>(additional \$90 fee required)</i>
<b>Professional</b> (out of training two years or more)		
Physician	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Scientist	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Veterinarian	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Sonographer/Allied Health*	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
<b>Rising Star</b> (completed training within last two years)		
Physician	<input type="checkbox"/> \$85	<input type="checkbox"/> \$175
Scientist	<input type="checkbox"/> \$85	<input type="checkbox"/> \$175
Veterinarian	<input type="checkbox"/> \$85	<input type="checkbox"/> \$175
Sonographer/Allied Health*	<input type="checkbox"/> \$85	<input type="checkbox"/> \$175
<b>Fellow in Training/Student/Retired:</b> Verification must accompany application. In order to keep costs low for these categories, JASE is accessible online only.		
Fellow in Training	<input type="checkbox"/> \$75	<input type="checkbox"/> \$165
Medical Student	<input type="checkbox"/> \$75	<input type="checkbox"/> \$165
Sonographer/Allied Health* Student	<input type="checkbox"/> \$75	<input type="checkbox"/> \$165
Retired	<input type="checkbox"/> \$75	<input type="checkbox"/> \$165

\*Please choose your Allied Health Category:  Sonographer  Nurse  Physician Assistant  Other (please specify) \_\_\_\_\_

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

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. Mailing Address:  Home  Business

\*Company \_\_\_\_\_

\*Mailing Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State/Province \_\_\_\_\_ \*Postal Code \_\_\_\_\_ \*Country \_\_\_\_\_

\*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 \_\_\_\_\_

## Become part of ASE's special interest councils. No additional dues are required. Please select all councils you wish to join.

- Council on Cardiovascular Sonography  Council on Perioperative Echocardiography  Council on Pediatric and Congenital Heart Disease  
 Council on Vascular Ultrasound  Grassroots Advocacy Network

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

I agree to conform to ASE Bylaws and Code of Ethics, online at [www.asecho.org/asecodeofethics](http://www.asecho.org/asecodeofethics)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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  Choose not to answer

Degree:  MD  PhD  DO  DVM  BS  ACS  RDCS  RCS  RVS  RVT  CCT  RN  Other \_\_\_\_\_

Language Fluency:  English  French  German  Hebrew  Hindi  Italian  Japanese  Mandarin  Portuguese  Spanish  Other \_\_\_\_\_

**Areas of Practice (select up to three areas):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adult Congenital Heart Disease | <input type="checkbox"/> Emergency Medicine        | <input type="checkbox"/> Nursing                        |
| <input type="checkbox"/> Adult Echocardiography         | <input type="checkbox"/> Fetal Echocardiography    | <input type="checkbox"/> Pediatric Cardiology           |
| <input type="checkbox"/> Anesthesiology                 | <input type="checkbox"/> General/Primary Care      | <input type="checkbox"/> Pediatric Echocardiography     |
| <input type="checkbox"/> Cardiac Physiology             | <input type="checkbox"/> Geriatric Cardiology      | <input type="checkbox"/> Perioperative Echocardiography |
| <input type="checkbox"/> Cardiac Surgery                | <input type="checkbox"/> Hospital Medicine         | <input type="checkbox"/> Radiology                      |
| <input type="checkbox"/> Cardiovascular Sonography      | <input type="checkbox"/> Internal Medicine         | <input type="checkbox"/> Research                       |
| <input type="checkbox"/> Computer Tomography (CT)       | <input type="checkbox"/> Interventional Cardiology | <input type="checkbox"/> Thoracic Surgery               |
| <input type="checkbox"/> Critical Care                  | <input type="checkbox"/> MRI                       | <input type="checkbox"/> Vascular Medicine              |
| <input type="checkbox"/> Education                      | <input type="checkbox"/> Neurology                 | <input type="checkbox"/> Veterinary Medicine            |
| <input type="checkbox"/> Electrophysiology              | <input type="checkbox"/> Nuclear Cardiology        | <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"/> Other (please specify) _____                                    |
| <input type="checkbox"/> Multi-discipline Cardiology Private Practice   |  |

**To what other professional societies do you belong? Check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> American Association of Heart Failure Nurses (AAHFN)                                  | <input type="checkbox"/> Heart Rhythm Society (HRS)  |
| <input type="checkbox"/> American Association for Thoracic Surgery (AATS)                                      | <input type="checkbox"/> Indian Academy of Echocardiography (IAE)                            |
| <input type="checkbox"/> American College of Cardiology (ACC)  | <input type="checkbox"/> InterAmerican Association of Echocardiography (ECOSIAC)             |
| <input type="checkbox"/> The American Congress of Obstetricians and Gynecologists (ACOG)                       | <input type="checkbox"/> International Contrast Ultrasound Society (ICUS)                    |
| <input type="checkbox"/> American College of Emergency Physicians (ACEP)                                       | <input type="checkbox"/> Japanese Society of Echocardiography (JSE)                          |
| <input type="checkbox"/> American College of Physicians (ACP)  | <input type="checkbox"/> National Cardiac Society (NCS)                                      |
| <input type="checkbox"/> American College of Radiology (ACR)   | <input type="checkbox"/> Royal College of Physicians   |
| <input type="checkbox"/> American Heart Association (AHA)  | <input type="checkbox"/> The Society for Cardiovascular Magnetic Resonance (SCMR)            |
| <input type="checkbox"/> The American Institute of Ultrasound in Medicine (AIUM)                               | <input type="checkbox"/> The Society of Pediatric Echocardiography (SOPE)                    |
| <input type="checkbox"/> American Medical Association (AMA)  | <input type="checkbox"/> The Society for Pediatric Radiology (SPR)                           |
| <input type="checkbox"/> American Society of Nuclear Cardiology (ASNC)   | <input type="checkbox"/> The Society for Cardiovascular Angiography and Interventions (SCAI) |
| <input type="checkbox"/> Canadian Cardiovascular Society (CCS)   | <input type="checkbox"/> Society of Cardiovascular Anesthesiologists (SCA)                   |
| <input type="checkbox"/> Canadian Society of Echocardiography (CSE)  | <input type="checkbox"/> Society of Cardiovascular Computed Tomography (SCCT)                |
| <input type="checkbox"/> Department of Cardiovascular Imaging of the Brazilian Society of Cardiology (DIC-SBC) | <input type="checkbox"/> Society of Critical Care in Medicine (SCCM)                         |
| <input type="checkbox"/> European Association of Cardiovascular Imaging (EACVI)                                | <input type="checkbox"/> Society of Diagnostic Medical Sonography (SDMS)                     |
| <input type="checkbox"/> European Society of Cardiology (ESC)  | <input type="checkbox"/> The Society of Thoracic Surgeons (STS)                              |
| <input type="checkbox"/> Heart Failure Society of America (HFSA)   | <input type="checkbox"/> Society for Vascular Medicine (SVM)                                 |
|  | <input type="checkbox"/> Other _____   |

Are you a clinical core lab director?  Yes  No

**Member Dues** (from previous page). Total Amount: \$ \_\_\_\_\_

**Payment Information**

VISA  MasterCard  American Express

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**Return this application with payment to:**

American Society of Echocardiography

P.O. Box 890082

Charlotte, NC 28289-0082

Fax: 919-882-9900

Or, scan and email applications to [ase@asecho.org](mailto:ase@asecho.org)

**Please allow 3-4 weeks for processing.** Your preferred address, phone, and email address will be posted in our members-only online directory. We do not sell or release email addresses to other organizations.

**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.**



**Join online at [ASEcho.org/Join](http://ASEcho.org/Join)**