

# 2025 ASE New Membership Application

In celebration of ASE's 50th Anniversary in 2025, all new members receive **\$50 USD off the regular member rates**. Fellows and Students are **FREE for 2025**.  
**Expanding Country Membership:** if you are joining ASE and you reside in one of the countries listed on this webpage (ASEcho.org/Expanding-Country-Membership), your membership will be \$25 USD. Simply mark your category below and write in \$25.

Membership Categories. (Note: All fees are in US dollars)	Outside of U.S. with online only JASE	Outside of U.S. with print JASE (additional \$90 fee required)
<b>Professional</b>		
Physician	<input type="checkbox"/> \$125 \$75	<input type="checkbox"/> \$215 \$165
Scientist	<input type="checkbox"/> \$125 \$75	<input type="checkbox"/> \$215 \$165
Physician/Scientist - Canada	<input type="checkbox"/> \$275 \$225	<input type="checkbox"/> \$365 \$315
Sonographer/Allied Health	<input type="checkbox"/> \$125 \$75	<input type="checkbox"/> \$215 \$165
Veterinarian	<input type="checkbox"/> \$125 \$75	<input type="checkbox"/> \$215 \$165
<b>Fellow in Training/Student/Retired:</b> In order to keep costs low for these categories, <b>JASE is accessible online only.</b>		
Fellow in Training	<input type="checkbox"/> \$75 \$0	<input type="checkbox"/> \$165 \$90
Sonographer/Allied Health Student	<input type="checkbox"/> \$75 \$0	<input type="checkbox"/> \$165 \$90
Retired	<input type="checkbox"/> \$120 \$70	<input type="checkbox"/> \$210 \$160

I am a:  Physician  Scientist  Sonographer  Veterinarian  Nurse  Physician Assistant  Other (please specify) \_\_\_\_\_

*\*All memberships receive online only JASE by default. To add the print JASE subscription to your order, please select an option from the right column.*

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: \_\_\_\_\_ Member ID: \_\_\_\_\_

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

\*Name \_\_\_\_\_  
 Last First Middle

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

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

\*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)

**Become part of ASE's Councils and/or Specialty Interest Groups (SIGs). No additional dues are required. Please select the groups that best fit your interests 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.  If you prefer not to be included, please check this box.

**Please visit ASEcho.org/PrivacyPolicy for ASE's Privacy Policy.**

I agree to conform to ASE Bylaws and Code of Ethics, online at 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](http://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:  MBBS  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"/> Critical Care            | <input type="checkbox"/> Internal Medicine               | <input type="checkbox"/> Pediatric Cardiology           |
| <input type="checkbox"/> Adult Echocardiography         | <input type="checkbox"/> Education                | <input type="checkbox"/> Interventional Echocardiography | <input type="checkbox"/> Pediatric Echocardiography     |
| <input type="checkbox"/> Anesthesiology                 | <input type="checkbox"/> Electrophysiology        | <input type="checkbox"/> Interventional Cardiology       | <input type="checkbox"/> Perioperative Echocardiography |
| <input type="checkbox"/> Cardiac Physiology             | <input type="checkbox"/> Emergency 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"/> Hospital Medicine        | <input type="checkbox"/> Nursing                         | <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"/> Traveler/Locum Tenens   |
| <input type="checkbox"/> Multi-discipline Cardiology Private Practice   | <input type="checkbox"/> Other (please specify) _____                                    |

**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 890082

Charlotte, NC 28289-0082

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.



**Engage with ASE**  
ASEcho.org/Engage-with-ASE



**ASE Soulmates Program**  
ASEcho.org/ASE50th/ASE-Soulmates-Program



**Councils**  
ASEcho.org/MemberCouncils



**Leadership Academy**  
ASEcho.org/LeadershipAcademy



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