

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)
Professional		
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
Fellow in Training/Student/Retired: In order to keep costs low for these categories, JASE is accessible online only.		
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.

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):

☐ Adult Congenital Heart Disease

☐ Adult Echocardiography

☐ Anesthesiology

☐ Cardiac Physiology

☐ Cardiac Surgery

☐ Cardio-Oncology

☐ Cardiovascular Sonography

☐ Computer Tomography (CT)

☐ Critical Care

☐ Education

☐ Electrophysiology

☐ Emergency Medicine

☐ Fetal Echocardiography

☐ General Adult Cardiology

☐ General/Primary Care

☐ Geriatric Cardiology

☐ Hospital Medicine

☐ Internal Medicine

☐ Interventional Echocardiography

☐ Interventional Cardiology

☐ MRI

☐ Neonatal Echocardiography

☐ 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?

☐ Private Practice/Physician Office

☐ Hospital (not academic)

☐ Hospital and Private Practice/Physician Office

☐ Academic Institution

☐ Multi-discipline Cardiology Private Practice

☐ Veterans Administration

☐ Health Maintenance Organization/Preferred Provider Organization

☐ IDTF (Mobile Service)

☐ Traveler/Locum Tenens

☐ 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



Join online at ASEcho.org/Join