

## ABE Active Membership

Today's Date: \_\_\_\_\_

ASGE Member ID (if known): \_\_\_\_\_

Name: \_\_\_\_\_ Professional Credentials: \_\_\_\_\_

Institution or Practice Name: \_\_\_\_\_

Preferred Address (please check one): ☐ Work ☐ Home

Number/Street \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

**Practice Environment (please check applicable):**

- ☐ Solo Practice ☐ Hospital ☐ Government/VA Hospital ☐ University based group  
☐ GI group practice ☐ Bariatric Center ☐ Other \_\_\_\_\_

**Reasons for Joining ABE (please check all that apply):**

- ☐ Education ☐ Professionalism ☐ Newsletter ☐ Webinars ☐ Advocacy/Legislation

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**Payment: US Dollars**

**ABE Membership Dues Authorization:**

- ☐ Active ASGE Domestic or International Member ---- \$100  
☐ ASGE Trainee Member ----- \$25

**Form of Payment (please check one):**

- ☐ Check # \_\_\_\_\_  
☐ AMEX ☐ VISA ☐ MC ☐ DSCVR

Credit Card Number: \_\_\_\_\_ Expiration Date (mm/yy): \_\_\_\_/\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

**Application fees for incomplete applications become non-refundable after 45 days.**

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**Submit completed application via  
email:**

[asaylor@asge.org](mailto:asaylor@asge.org)

OR

Fax to 630.963.8607

Attn: Membership

**To submit via postal service:**

Association for Bariatric Endoscopy  
3300 Woodcreek Drive  
Downers Grove, IL 60515

***By completing and submitting this application, you attest that the information provided is true and accurate. Once your active ASGE Membership status is confirmed by staff, your application will be processed, and your ABE membership will be active.***