



American Society for  
Gastrointestinal Endoscopy

## ABE Trainee Membership



Association for  
Bariatric Endoscopy

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

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

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

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

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

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

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

Alternate Contact Address ☐ Work ☐ Home

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

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

### Education:

	Institution Name	Beginning Year	End Year	Program Director's Name
Residency:				
Fellowship:				

### Board Certification:

ABIM # (if applicable): \_\_\_\_\_ NPI # (if applicable): \_\_\_\_\_

Licensure State: \_\_\_\_\_ Country: \_\_\_\_\_ Registry Number: \_\_\_\_\_

**\*Please provide the name and email address of your GI program director for endorsement:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Practice/Professional Information (in training):

Procedure:	Balloon Placement	ESG	Gastric Banding	Gastric Bypass	Other
# last 12 months					

**Demographic Information (optional – for statistical purposes only; please choose *any* with which you identify):**

Race:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian   | <input type="checkbox"/> Asian                | <input type="checkbox"/> Hispanic/Latino (specify): |
| <input type="checkbox"/> Black (Caribbean) | <input type="checkbox"/> Black (American)     | <input type="checkbox"/> American                   |
| <input type="checkbox"/> Black (African)   | <input type="checkbox"/> Caucasian/White      | <input type="checkbox"/> South American             |
| <input type="checkbox"/> Native Alaskan    | <input type="checkbox"/> Native Hawaiian      | <input type="checkbox"/> Caribbean                  |
| <input type="checkbox"/> Pacific Islander  | <input type="checkbox"/> Multiracial          | <input type="checkbox"/> Central American           |
| <input type="checkbox"/> Other             | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> European                   |

Do you consider yourself:

- ☐ Female                      ☐ Male                      ☐ Transgender                      ☐ Prefer not to answer

Date of Birth \_\_\_\_\_ (MM/DD/YYYY)

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

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

**Payment: US Dollars**

**ABE Membership Dues (includes membership in ASGE through end of training; you will be billed \$25 for ABE membership annually):**

**First Year Fellows: \$75 USD Second  
Year Fellows: \$50 USD**

**Third Year Fellows: \$25 USD  
Fourth Year/Advanced Fellows: \$25 USD**

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

☐ Check # \_\_\_\_\_

☐ AX    ☐ VI    ☐ MC    ☐ DS    Total Authorization: \$ \_\_\_\_\_

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

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

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

\*\*\*\*\*

**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.***