



ASGE Associate Membership

For registered nurses, technicians, physician assistants and nurse practitioners

Solutions for the entire GI Team!

Further details about eligibility requirements for active membership can be found at www.asge.org/join.

Dues: \$125 for SGNA members, \$150 for non-SGNA members

*Please note, refunds will not be granted if application is not completed within 45 days of submission.

Questions? Contact your ASGE Customer Care Team at membership@asge.org or call 630-573-0600.

Associate-Member Benefits

Below are just some of the resources, initiatives and outcomes supported by your membership dues. As always, we appreciate the opportunity to serve you and to be you partner in the delivery of high-quality endoscopic care. For a complete list of benefits please visit our website at www.ASGE.org

- Access GILEAP for flexible, cutting-edge online learning content
- Your complimentary subscriptions to ASGE publications *SCOPE*, and *Leading Edge*
- Your access to ASGE practice management resources
- Your members-only discounts on course registration fees and products i.e. ASGE Postgraduate Course at DDW[®]
- Your free online access to valuable Practice Guidelines and Technology Reviews
- *Coding Primer: A Guide for Gastroenterologists*-an essential practice tool featuring a complete list of the CPT[®] and ICD-9-CM codes

Join ASGE and save on over \$4,300 on tangible benefits!

Benefits	Savings
DDW [®] Discount	\$ 625
Complimentary GILEAP online content	\$3,750
Total Savings	\$4,385

Add to the savings when you receive member discounts of up to 20% on select DVDs, educational products and ASGE course registrations!



Associate Membership

Date: _____

Personal Information

First Name _____ Middle Initial _____ Last Name _____

Suffix _____ Position Title _____ Current Degrees(s) RN CGRN Other _____

Demographics (Optional - collected for statistical purposes only-please choose **any** with which you identify)

Race:

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

Do you consider yourself:

- Female Male Transgender Prefer not to answer

Date of Birth _____ (MM/DD/YYYY)

Preferred Mailing Address Work Home Preferred E-mail Address Work Home

Institution Name _____

Work Address _____

City _____ State/Prov. _____ Zip/Postal Code _____ Country _____

Work Phone _____ E-mail _____

Home Address _____

City _____ State/Prov. _____ Zip/Postal Code _____ Country _____

Home Phone _____ Home Fax _____ E-mail _____

SGNA

I am currently a member in good standing of the Society of Gastroenterology Nurses and Associates.

SGNA Membership Number _____

Practice Environment

- Corporate/Industry
- GI group private practice - partner
- Multi-spec grp-prvte prctc-empl
- Staff model HMO
- Other (independent contractor)
- GI group hospital - employee
- Government VA hosp/med cntr
- Multi-spec grp-prvte prctc-partner
- University based group
- GI group private practice - employee
- Multi-specialty group – hosp employee
- Solo practice
- Other (employee)

Reasons for joining the Society (all that apply)

- Education
- Practice Benchmarking Survey
- Access to members only web site
- Other _____
- Advocacy/Legislation
- GIE
- Endoscopy Unit Recognition Program
- Access to Research Awards/funding
- Reduced DDW Registration

I authorize the American Society for Gastrointestinal Endoscopy to obtain information from societies, hospital staff, members and any other source regarding this application and my qualifications for membership, which information, whether or not solicited by the Society, may be kept confidential by the Society.

I certify that the above information is accurate (signature) _____

For payment of membership dues, we accept Visa, MasterCard, American Express, Discover, or a check.

**** Please note refunds will NOT be granted if application is not completed within 45 days of submission****

Fax Transmission Permission

By providing the fax number(s) and my signature below, I authorize the American Society for Gastrointestinal Endoscopy and the American Society for Gastrointestinal Endoscopy Foundation to send me facsimiles that may include education information, promotional materials, advertising and other commercial materials. NOTE: ASGE does not release, sell or grant permission for the use of member fax or e-mail information to any outside organization. Please list all fax numbers that can be used to provide you with the latest society information:

Fax Number: _____ Signature: _____



Associate Membership

Payment (U.S. Dollars)

Membership period is Jan 1. – Dec. 31. Annual dues for following year will be prorated based on acceptance date.

*** Proration of dues applies to new members only.**

Amount Due: \$125 for SGNA members, \$150 for non-SGNA members

Please note refunds will NOT be granted if application is not completed within 45 days of submission.

My Check is enclosed in U.S. dollars, payable to ASGE

Check # _____ Check Amount _____

Visa MasterCard American Express Discover

Card Number _____ Name on Card _____

Please print

Total Charge Amount _____

Expiration Date _____ Amount _____ Signature _____
MM/YY

Annual Membership Dues:

- SGNA Members: \$125
- Non-SGNA Member: \$150
- GIE Subscription: \$65

Members of ASGE may also join the Association for Bariatric Endoscopy, a division of ASGE, for an additional \$100.00

Association for Bariatric Endoscopy (ABE)

Join a SIG today! –only \$25 each for 1 year*

- Ambulatory Endoscopy Center (AEC)
- Small Bowel Endoscopy / Capsule Endoscopy (SBE/CE)
- Endoluminal Therapy for Esophageal Disease/ Gastroesophageal Reflux Disease (ETED/GERD)
- Endoscopic Ultrasonography (EUS)
- Invention & Innovation (II)
- Interventional IBD (IIBD)
- Women in GI (WGI)
- Endoscopic Submucosal Dissection (ESD)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Latin American GE (LATAM)
- Intraductal Endoscopy and Cholangiopancreatography (IECP)

Submit completed application and payment

Mail:

ASGE
3300 Woodcreek Dr
Downers Grove, IL 60515

Apply Online: <http://www.ASGE.org/membership>

Fax: 630.963.8332