ASGE Domestic Membership

U.S. and Canadian Physicians

Solutions for the entire GI Team!

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

Dues: $545.00*: $445.00 + a one-time initiation fee of $100.00
*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.

Active-Member Benefits

Below are just some of the benefits, included with your membership dues. We appreciate the opportunity to serve you and to be your partner in the delivery of high-quality GI healthcare.
For a complete list of benefits please visit our website at www.ASGE.org.

- Access GILEAP for flexible, cutting-edge online learning content; earn CME and/or MOC
- Stay current with subscriptions to ASGE publications, *GIE®*, *SCOPE*, and *Journal Scan*
- Manage your practice effectively and profitably with access to ASGE practice management resources
- Save money with members-only discounts on course registration fees and products (i.e. ASGE Postgraduate Course, DDW registration, GESAP IX and other ASGE courses offered)
- Optimize patient care with online access to valuable Practice Guidelines and Technology Reviews
- Be innovative, with access to ASGE endoscopic research funding opportunities

Join ASGE and save on over $4,700 on tangible benefits!

Benefits	**Savings**
GIE®	$ 350
DDW® Discount/ APG Course	$ 625
Complimentary GILEAP educational content	$3,750
Total Savings	**$4,725**

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

11/2/18

ASGE Active Sponsor Endorsement Form

If you are Board Certified in GI, disregard this sponsorship form.

Please include your certification information on the membership application.

To apply for Active membership, the candidate must be sponsored by one current ASGE member (Active or Senior). If you are not Board- Certified in GI, the sponsor section below is to be completed by your sponsor and submitted via fax to 630.963.8332, e-mail to membership@asge.org or mailed to 3300 Woodcreek Road, Downers Grove IL 60515. Questions? Contact your ASGE Customer Care Team via email at membership@asge.org or call 630-573-0600.

Date: _______________

Candidate Information

First Name _______________________________Middle Initial _______Last Name_______________

Job Title _________________________Current Degrees(s) ☐MD ☐DO Other ________________

Phone __________________________Fax_______________________ E-mail ___________________

Sponsor Information

The information below is to be completed ***by your sponsor****.*

First Name _______________________________Middle Initial _______Last Name_______________

Job Title _________________________Current Degrees(s) ☐MD ☐DO Other ________________

Phone __________________________Fax_______________________ E-mail ___________________

Basis for evaluation (***Please select all that apply)***

☐ Director of endoscopic training program
☐ ASGE member familiar with applicant's clinical and endoscopic skills

Evaluation

Patient clinical skills/judgment	☐ adequate	☐ inadequate	☐ cannot evaluate
Endoscopic skills	☐ adequate	☐ inadequate	☐ cannot evaluate

☐ I recommend
☐ I do not recommend for ASGE membership

☐ I am an ASGE member

Sponsor's Signature____

11/2/18

Active Membership

Date: ______________________

Personal Information

First Name ___________________________ Middle Initial ___Last Name ___________________________________

Suffix _________ Position Title _________________________Current Degrees(s) ☐MD ☐DO Other _______

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

Race:

☐ American Indian
☐ Asian
☐ Black (African)
☐ Black (Caribbean)
☐ Black (American)
☐ Caucasian/White
☐ Hispanic/Latino (American)
☐ Hispanic/Latino (Central American)
☐ Hispanic/Latino (Caribbean)
☐ Hispanic/Latino (South American)
☐ Hispanic/Latino (European)
☐ Native Alaskan
☐ Native Hawaiian
☐ Pacific Islander
☐ Multiracial ___________________
☐ Other ___________________
☐ 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 ______________________

Education

*Please provide **institution name**, **degree awarded** and **date awarded** for the following:*

Medical School:

Institution:____

Degree Awarded:______________________ Date Awarded:______________________________________

*Please **provide type**, **institution name**, **program director's name** and **inclusive dates** for the following:*

Fellowship/Endoscopic Training:

Institution:____

Program Director:____

Inclusive Dates:____

Medical Licensure

State/Country ________________________ Registry # ________________________

NPI Number ____________________

(In compliance with Federal Government Sunshine Act, implemented on August 1, 2013, we are required to obtain all National Provider Identification (NPI) Numbers.)

If Board Certified in GI, no sponsorship endorsement form is needed. Please include your certification information.

IM Specialty Board - Certification Date of Expiration: ________________________

GI Specialty Board - Certification Date of Expiration: ________________________

Practice and Professional Information

Endoscopy Experience in the last <u>12 months</u> and / or Numbers Performed during Training (approximate)

	Dates	Number Performed
Upper GI	________	________
Colonoscopy	________	________
ERCP	________	________
EUS	________	________
Enteroscopy	________	________

Practice Environment

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

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, will 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***

Personal Information

First Name ___________________________ Middle Initial ___Last Name ___________________________________

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

Membership Amount Due: $545: This includes a one- time $100.00 initiation fee.

☐ A Check is enclosed in U.S. dollars, payable to ASGE. Amount___________

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number ____Name on Card _____________________________
Please print

Expiration Date ___________________ Amount _____________ Signature ___________________________________
MM/YY

☐ Association for Bariatric Endoscopy (ABE) – members of ASGE can join for an additional $100.00

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 Cholangiopancreatoscopy (IECP)

Submit completed application and payment

Mail: ASGE
3300 Woodcreek Drive
Downers Grove, IL 60515

Apply Online: www.ASGE.org/membership **Fax:** 630.963.8332