



ASGE Trainee Membership

For trainees in an endoscopy program

Solutions for the entire GI Team!

APPLY Today! Dues only \$25 per year! *

Membership Dues Fee Schedule (membership dues are based on remaining year(s) of fellowship)

1 year of fellowship remaining = \$25

2 years of fellowship remaining = \$50

3 years of fellowship remaining = \$75

* All years of training must be paid in advance.

**Advanced endoscopic training is an additional fee of \$25. Verification of advanced training must be submitted to the ASGE office in writing.

Eligibility Requirements

The Trainee membership category is for resident fellows or trainees who have completed at least two years of post-doctoral training and are continuing with full-time training status in an ACGME or RCPSC accredited program which includes gastrointestinal endoscopy under the supervision of a member of the Society or an instructor whose endoscopic credentials are acceptable to the membership committee. The applicant's training director is required to complete a trainee endorsement form on the applicant's behalf. Further details regarding eligibility requirements for trainee membership can be found by selecting the join ASGE tab at www.ASGE.org.

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

Trainee-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 your partner in the delivery of high-quality endoscopic care. For a complete list of benefits please visit the website at www.ASGE.org.

- ✓ Your complimentary subscriptions to ASGE publications, *GIE*®, *SCOPE*, *ASGE Connection*™, *Leading Edge*
- ✓ Your members-only discounts on course registration fees and products i.e. ASGE Postgraduate Course at DDW
- ✓ *GESAP VIII* – the premier resource for self-assessment, preparation for certification exams and earning points for ABIM Maintenance of Certification (MOC)
- ✓ The newly created mentor program assists trainees in gathering the skills needed to take on the challenges of the GI profession and changes in technology and patient care by relating to an experienced member.

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

Benefits	Savings
GIE®	\$ 350
DDW® Discount	\$ 235
Complimentary online educational content	\$3,750
Total Savings	\$4,335

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



ASGE Trainee Endorsement Form

To apply for trainee membership, the candidate must have his/her program director complete the below information. The completed form can be submitted via fax 630.963.8332, e-mail to membership@asge.org or mail to: ASGE 3300 Woodcreek Road, Downers Grove IL 60515. Please contact your ASGE Customer Care Team with any questions at 630.573-0600 or at membership@asge.org.

Date: _____

Candidate Information

First Name _____ Middle Initial _____ Last Name _____

Suffix _____ Job Title _____ Current Degrees(s) MD DO Other _____

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

Company Name _____

Work Address _____

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

Work Phone _____ Work Fax _____ E-mail _____

Home Address _____

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

Home Phone _____ Home Fax _____ E-mail _____

Endorsement (To be completed by the candidate's program director)

First Name _____ Middle Initial _____ Last Name _____

Suffix _____ Job Title _____ Current Degrees(s) MD DO Other _____

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

Company Name _____

Address _____

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

Phone _____ Fax _____ E-mail _____

	Yes	No
Active Member of ASGE	<input type="checkbox"/>	<input type="checkbox"/>
Chief of Service	<input type="checkbox"/>	<input type="checkbox"/>
Program Director	<input type="checkbox"/>	<input type="checkbox"/>

Signature (required) _____



Trainee Application

Date: _____

Personal Information

First Name _____ Middle Initial _____ Last Name _____

Suffix _____ Job Title _____ Current Degrees(s) MD DO Other _____

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

Race:

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

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:

Residency:

Institution: _____

Program Director: _____

Inclusive Dates: _____



Trainee Application

Fellowship/Endoscopy Training:

Institution: _____

Program Director: _____

Inclusive Dates: _____

Medical Licensure

State/Country _____ Registry # _____

Board Certification Please check box if specialty board exam results are pending.

IM Specialty Board - Certification Date of Expiration: _____

GI Specialty Board - Certification Date of Expiration: _____

Reasons for joining the Society

- Education
- GIE
- Access to members only website
- Reduced DDW Registration
- Advocacy/Legislation
- Professional
- Other _____

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: _____



Payment (U.S. Dollars)

Membership period is July 1 – June 30.

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

Membership Dues Fee Scheduled (membership dues are based on remaining year(s) of fellowship)

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Advanced endoscopic training is an additional fee of \$25. Verification of advanced training must be submitted to the ASGE office in writing.

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

***Payment must be made in full at the time of application submission.**

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)

Gastroesophageal Reflux Disease (GERD)

Endoluminal Therapy for Esophageal Disease (ETED)

Endoscopic Ultrasonography (EUS)

Invention & Innovation (II)

Endoscopic Submucosal Dissection (ESD)

Endoscopic Retrograde Cholangiopancreatography (ERCP)

Latin American GE (LATAM)

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

Expiration Date _____ Amount _____ Signature _____

MM/YY

Submit completed application and payment

Mail: ASGE

3300 Woodcreek Drive
Downers Grove, IL 60515

Apply Online: www.ASGE.org/membership

Fax: 630.963.8332