



# ASGE Student/Resident Membership

## Solutions for the entire GI Team!

### Join today and pay only \$25 per year!

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

#### Eligibility Requirements

The Student/Resident membership category is open to persons who have a minimum of one of the following (or equivalent) degrees: Bachelor of Arts or Bachelor of Science, and are enrolled in a U.S., Canadian or international medical school. ASGE Student membership shall not exceed five consecutive years. International medical students are also eligible for Student membership. Further details about eligibility for student membership can be found at [www.asge.org/join](http://www.asge.org/join).

Questions? Contact the ASGE Customer Care Team at [membership@asge.org](mailto:membership@asge.org) or by calling 630.573.0600 or [membership@asge.org](mailto:membership@asge.org).

#### Student/Resident 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 endoscopic care. For a complete list of benefits please visit our website at [www.ASGE.org](http://www.ASGE.org).

- Stay current with online access to ASGE SCOPE, Education Update, and ASGE Leading Edge
- Save money with members-only discounts on course registration fees and products
- Access to flexible online/distance learning content at your convenience

#### Join ASGE and save on nearly \$4,000 on tangible benefits!

Benefits	Savings
DDW®	\$ 280
Complimentary Online Learning	\$3,750
<b>Total Savings</b>	<b>\$4,030</b>

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



# ASGE Student/Resident Endorsement Form

To apply for student/resident membership, the candidate must have his/her medical director complete the below information. The completed form can be submitted via email at [membership@asge.org](mailto:membership@asge.org) or mailed to 3300 Woodcreek Drive, Downers Grove, IL 60515.

Questions? Contact the ASGE Customer Care Team at [membership@asge.org](mailto:membership@asge.org) or by calling 630.573.0600 or [membership@asge.org](mailto:membership@asge.org).

Date: \_\_\_\_\_

## Candidate Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix \_\_\_\_\_ Job Title \_\_\_\_\_ Current Degrees(s)  MD  DO Other \_\_\_\_\_

## Endorsement *(To be completed by the candidate's medical director).*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_

(Required)



# Student/Resident Membership 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"/> 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

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 \_\_\_\_\_

## Education

Medical School: \_\_\_\_\_ Completion Date: \_\_\_\_\_

## Reasons for joining the Society

- Education  Advocacy/Legislation  Online publications  Professional

Access to members only website

Other \_\_\_\_\_



### Payment (U.S. Dollars)

Membership period is July 1 – June 30. Annual dues for the following year will be prorated based on acceptance date.

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

Amount due: \$25 per year

My Check is enclosed in U.S. dollars, payable to ASGE or  Visa  MasterCard  American Express  Discover

Card Number \_\_\_\_\_ Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount \_\_\_\_\_ Signature \_\_\_\_\_ Please print