



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!



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 _____



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:

- | | | |
|---|---|--|
| <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 _____

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 12 months and / or Numbers Performed during Training (approximate)

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

Practice Environment

- | | | |
|--|---|--|
| <input type="checkbox"/> Corporate/Industry | <input type="checkbox"/> GI group hospital - employee | <input type="checkbox"/> GI group private practice - employee |
| <input type="checkbox"/> GI group private practice - partner | <input type="checkbox"/> Government VA hosp/med cntr | <input type="checkbox"/> Multi-specialty group – hosp employee |
| <input type="checkbox"/> Multi-spec grp-prvte prctc-empl | <input type="checkbox"/> Multi-spec grp-prvte prctc-partner | <input type="checkbox"/> Solo practice |
| <input type="checkbox"/> Staff model HMO | <input type="checkbox"/> University based group | <input type="checkbox"/> Other (employee) |
| <input type="checkbox"/> 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 _____

Expiration Date _____ Amount _____ Signature _____
MM/YY

Please print

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

Submit completed application and payment

Mail: ASGE
3300 Woodcreek Drive
Downers Grove, IL 60515

Apply Online: www.ASGE.org/membership

Fax: 630.963.8332