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!

<table>
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<tr>
<th>Benefits</th>
<th>Savings</th>
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<tbody>
<tr>
<td>DDW® Discount</td>
<td>$ 625</td>
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<tr>
<td>Complimentary GILEAP online content</td>
<td>$3,750</td>
</tr>
<tr>
<td><strong>Total Savings</strong></td>
<td><strong>$4,385</strong></td>
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</tbody>
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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:

- [ ] American Indian
- [ ] Black (Caribbean)
- [ ] Hispanic/Latino (American)
- [ ] Hispanic/Latino (South American)
- [ ] Native Hawaiian
- [ ] Other ________________

[ ] Asian
- [ ] Black (American)
- [ ] Hispanic/Latino (Central American)
- [ ] Hispanic/Latino (European)
- [ ] Pacific Islander
- [ ] Prefer not to answer
- [ ] Black (African)
- [ ] Caucasian/White
- [ ] Hispanic/Latino (Caribbean)
- [ ] Native Alaskan
- [ ] Multiracial ________________

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 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)

Reasons for joining the Society (all that apply)

☐ Education  ☐ Advocacy/Legislation  ☐ Access to Research Awards/funding
☐ Practice Benchmarking Survey  ☐ GIE  ☐ Reduced DDW Registration
☐ Access to members only web site  ☐ Endoscopy Unit Recognition Program
☐ 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: __________________________________________________
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 ___________________________

Total Charge Amount ___________________________

Expiration Date ___________ Amount ___________ Signature ___________________________

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

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

2/18/19