



# ASGE International 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](http://www.ASGE.org).

Questions? Contact your ASGE Customer Care Team at [membership@asge.org](mailto: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](http://www.ASGE.org).

- Your complimentary subscriptions to ASGE publications, *GIE*®, *SCOPE*, and *Journal Scan*
- Your members-only discounts on course registration fees and products, such as the ASGE Postgraduate Course at DDW

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

Benefits	Savings
GIE®	\$ 350
DDW® Discount	\$ 235
Complimentary GILEAP online content	\$3,750
<b>Total Savings</b>	<b>\$4,335</b>

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"/> 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:

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)**

1 year of fellowship remaining = \$25

2 years of fellowship remaining = \$50

3 years of fellowship remaining = \$75

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)

Interventional IBD (IIBD)

ASGE Women in Endoscopy (AWE)

Intraductal Endoscopy and Cholangiopancreatography (IECP)

Endoluminal Therapy for Esophageal Disease/  
Gastroesophageal Reflux Disease (ETED/GERD)

Endoscopic Retrograde  
Cholangiopancreatography (ERCP)

Endoscopic Submucosal Dissection (ESD)

Endoscopic Ultrasonography (EUS)

Intraductal Endoscopy and Cholangiopancreatography (IECP)

Invention & Innovation (II)

Latin American GE (LATAM)

Small Bowel Endoscopy / Capsule Endoscopy (SBE/CE)

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](http://www.ASGE.org/membership)

**Fax:** 630.963.8332