# ASGE Student/Resident Membership

## Solutions for the entire GI Team!

**Student/Resident membership is $65 per year!**

## 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 .

Questions? Contact the ASGE Customer Care Team at membership@asge.org or by calling 630.573.0600 or 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.

- 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 |
| **Total Savings** | **$4,030** |

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 or mailed to 3300 Woodcreek Drive, Downers Grove, IL 60515.

Questions? Contact the ASGE Customer Care Team at membership@asge.org or by calling 630.573.0600 or 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:**

☐ 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

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 _____
Please print

Expiration Date _____ Amount _____ Signature _____