ASGE Active Membership

Group membership for 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](http://www.asge.org/join).

**Group Membership Dues:** One-time initiation fee of $100 is waived Annual Dues: $445.00.

* 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](http://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*, *Leading Edge*, 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, and other ASGE courses offered throughout the year)
- 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!**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIE®</td>
<td>$350</td>
</tr>
<tr>
<td>DDW® Discount/ APG Course</td>
<td>$625</td>
</tr>
<tr>
<td>Complimentary GILEAP online content</td>
<td>$3,750</td>
</tr>
<tr>
<td><strong>Total Savings</strong></td>
<td><strong>$4,725</strong></td>
</tr>
</tbody>
</table>

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

**Please submit one application for each new member.**
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

Sponsor’s Signature_______________________________________________________________

2/18/19
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:
□ American Indian □ Asian □ Black (African)
□ Black (Caribbean) □ Black (American) □ Caucasian/White
□ Hispanic/Latino (American) □ Hispanic/Latino (Central American) □ Hispanic/Latino (Caribbean)
□ Hispanic/Latino (South American) □ Hispanic/Latino (European) □ Native Alaskan
□ Native Hawaiian □ Pacific Islander □ Multiracial __________________
□ Other ____________________ □ 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)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Dates</th>
<th>Number Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper GI</td>
<td></td>
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<tr>
<td>Colonoscopy</td>
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<td>ERCP</td>
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<td>EUS</td>
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<tr>
<td>Enteroscopy</td>
<td></td>
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</tbody>
</table>

Practice Environment

- Corporate/Industry
- GI group private practice - partner
- GI group hospital - employee
- Multi-spec grp-prvte prctc-empl
- Multi-spec grp-prvte prctc-partner
- Staff model HMO
- University based group
- Other (employee)
- Government VA hosp/med cntr
- Multi-specialty group – hosp employee
- Solo practice
- 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, 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: $445: This waives the 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

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

Submit completed application and payment

Mail: ASGE
3300 Woodcreek Drive
Downers Grove, IL 60515

Apply Online: www.ASGE.org/membership
Fax: 630.963.8332