



APPLICATION  
ASGE Membership

Member Type: ☐ Physician ☐ International Physician ☐ Trainee ☐ Associate ☐ Affiliate ☐ Industry ☐ Student

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Professional Credentials: \_\_\_\_\_

Institution/Practice Name: \_\_\_\_\_

**Preferred Address (please check one):** ☐ Work ☐ Home

Number/Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

**Alternate Contact Address:**

Number/Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Fellowship (For Trainee, Physician and International Physician Member Type only):**

	Institution Name	Beginning Year	End Year	Program Director's Name
Fellowship				

**Board Certification (For Physician and International Physician Member Type only):**

Name of Certifying Entity (if applicable): \_\_\_\_\_

Licensure State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_ Registry #: \_\_\_\_\_

**Please list the name of an ASGE member (International, US or Senior) who will sponsor you.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Practice/Professional Information (For Physician and International Physician Member Type only):**

Procedure:	Colonoscopy	EUS	ERCP	Upper GI	Enteroscopy
# Last 12G Months					

**Practice Environment:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Independent Contractor       | <input type="checkbox"/> GI group hospital - employee       | <input type="checkbox"/> GI group private practice - employee |
| <input type="checkbox"/> GI group private practice    | <input type="checkbox"/> Government VA Hosp/Med Cntr        | <input type="checkbox"/> Multi-specialty group – hospital     |
| <input type="checkbox"/> Partner multi-spec grp-prvte | <input type="checkbox"/> Multi-spec grp-prvte prctc-partner | <input type="checkbox"/> Employee Solo practice               |
| <input type="checkbox"/> Prctc-empl Staff model HMO   | <input type="checkbox"/> University based group             | <input type="checkbox"/> Other (employee)                     |

**Demographic Information (optional – for statistical purposes only; please choose any with which you identify):****Race:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian   | <input type="checkbox"/> Asian                | <input type="checkbox"/> Hispanic/Latino (specify): |
| <input type="checkbox"/> Black (Caribbean) | <input type="checkbox"/> Black (American)     | <input type="checkbox"/> American                   |
| <input type="checkbox"/> Black (African)   | <input type="checkbox"/> Caucasian/White      | <input type="checkbox"/> South American             |
| <input type="checkbox"/> Native Alaskan    | <input type="checkbox"/> Native Hawaiian      | <input type="checkbox"/> Caribbean                  |
| <input type="checkbox"/> Pacific Islander  | <input type="checkbox"/> Multiracial          | <input type="checkbox"/> Central American           |
| <input type="checkbox"/> Other             | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> European                   |

**Do you consider yourself:** ☐ Male ☐ Female ☐ Transgender ☐ Prefer not to answer

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**Reasons for Joining ASGE (please check all that apply):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Education                       | <input type="checkbox"/> Advocacy/Legislation               | <input type="checkbox"/> Access to Research Awards/funding |
| <input type="checkbox"/> Practice Benchmarking Survey    | <input type="checkbox"/> GIE                                | <input type="checkbox"/> Reduced DDW Registration          |
| <input type="checkbox"/> Access to members only web site | <input type="checkbox"/> Endoscopy Unit Recognition Program | <input type="checkbox"/> Other: _____                      |

**Application Fee:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Physician: \$445               | <input type="checkbox"/> International Physician: \$385     | <input type="checkbox"/> Associate: \$150            |
| <input type="checkbox"/> Associate (SGNA Member): \$125 | <input type="checkbox"/> Associate (Techs): \$150 (3 years) | <input type="checkbox"/> Affiliates: \$170           |
| <input type="checkbox"/> Industry: \$425                | <input type="checkbox"/> Student: \$25                      | <input type="checkbox"/> Trainee FYF: \$75 (3 years) |
| <input type="checkbox"/> Trainee Senior: \$50 (2 years) | <input type="checkbox"/> Trainee Advanced: \$25 (1 Year)    |  |

**Payment Details:**

Method of Payment (credit card or check payable to ASGE): \_\_\_\_\_

Credit Card Type: ☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

\*\*\*\*\*

**Submit completed application via email:**

[membership@asge.org](mailto:membership@asge.org)

OR

Fax to 630.963.8607

Attn: Membership Department

**To submit via postal service:**

American Society for Gastrointestinal Endoscopy 3300

Woodcreek Drive

Downers Grove, IL 60515

USA

***By completing and submitting this application, you attest that the information provided is true and accurate.***