

2018 STUDENT MEMBERSHIP APPLICATION



ASET – The Neurodiagnostic Society

402 East Bannister Road, Suite A
Kansas City, MO 64131

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To apply for membership, return completed application with payment by mail or by fax. ASET membership is from January through December. First-year dues are pro-rated based on join date. For individuals joining October through December, membership runs through December of the following year.

Section I: Membership Category/ Chapter Affiliation

Please check membership join date:	Jan – March Join Date	April – June Join Date	July – Sept Join Date	Oct – Dec Join Date
STUDENT MEMBERSHIP - Individual residing in the U.S. and enrolled in a formal neurodiagnostics training program or on-the-job training. (Application must be accompanied with letter from the school's program director or Human Resources department.)	<input type="checkbox"/> \$58 US	<input type="checkbox"/> \$43 US	<input type="checkbox"/> \$29 US	<input type="checkbox"/> \$58 US

Please select one of the following and sign and date below:

I am a student enrolled in a neurodiagnostic program. I hereby confirm that I have attached a letter from my program director; included in the letter is the name of the institution I am currently attending _____, my program director's name _____ and my expected year of graduation _____.

I am an employee participating in a formal on-the-job training program at my institution. I hereby confirm that I have attached a letter from my Human Resources department; included in the letter is the name of my employer, a brief description of the type of training I am receiving, and learning objectives. I understand and meet the criteria for formal on-the-job training Student status as stated below:

- Must not have been a previous member of ASET.
- Membership for one-time, one-year (January to December). If joining at prorated fee, membership will expire at the end of the year in which application was made.
- In-house formal training requirements:
 - Multiple entry level trainees in need of extensive education
 - Appropriately qualified and credentialed Neurodiagnostic technologists or physician to provide direct supervision and guidance in the use of course materials
 - Projected time frame for use of course materials of at least 6 months.

Signature: _____ Date: _____

Section II: ASET Chapter Affiliation (Optional)

See enclosed sheet for Chapter Dues Information

Chapter Name: _____ Chapter Dues Fee: \$ _____

Chapter Name: _____ Chapter Dues Fee: \$ _____

Section III: Applicant Information

Last Name: _____ **First Name:** _____ **Middle:** _____

Have you been a member of ASET before? Yes No If so, when? _____

Sponsor's Name/Who Introduced You to ASET? _____

Check appropriate credentials, if any:

R. EEG T. R. EP T. RPSGT CNIM R.NCS.T. CNCT CLTM CAP Other _____

Check appropriate degrees, if any:

2 year Associates Degree BA BS MA MS MEd MHA PhD Other _____

ASET-CEUs and statistical data information: Date of Birth ____/____/____ Male Female (Note: This information is for ASET internal use only for matching and maintaining individual ASET-CEU records. It is NOT published.)

Business Address:

Company/Institution: _____

Street Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____

Business Phone: (____) _____ Business fax: (____) _____

Home Address:

Street Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____

Home Phone: (____) _____

Preferred mailing address: Home Business

Email: _____ * Required field. Your log-in and password to access the Members Only pages of the ASET website will be automatically assigned and e-mailed to you upon approval of your membership. You may change your log-in and password at any time thereafter.

Section IV: Membership Listing

Membership information is included in ASET's searchable on-line membership directory. However, we recognize the importance of your privacy and provide you with options relating to your listing. If no option is selected, your name will be included in the searchable member directory.

- My information as noted above can be included in the on-line member directory.
- My information is not to be included in the on-line member directory.

Optional Information: ASET Interest Section Forums, a member-only benefit, are interactive bulletin boards where members may share tips and resources, ask questions of one another and help colleagues solve problems or gain new insight into issues. Interest Sections also meet at the ASET Annual Conference for face-to-face networking. From the list below, please select as many sections in which you have an interest and with which you would like to be identified. ASET's searchable on-line membership directory includes the ability to search by Interest Section members. If you have provided permission to have your information included in the on-line membership directory, your Interest Section selections will be included in that search feature.

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Acute/Critical Care
Neurodiagnostics | <input type="checkbox"/> Computers in the
workplace | <input type="checkbox"/> IONM | <input type="checkbox"/> Neurofeedback | <input type="checkbox"/> Technologists as Entrepreneurs |
| <input type="checkbox"/> Ambulatory Monitoring | <input type="checkbox"/> CPT Codes | <input type="checkbox"/> MEG | <input type="checkbox"/> New Technologies & Research | |
| <input type="checkbox"/> Autonomic Testing | <input type="checkbox"/> Dept Managers | <input type="checkbox"/> NCS | <input type="checkbox"/> Pediatrics & Neonatology | |
| <input type="checkbox"/> Clinical EEG | <input type="checkbox"/> Epilepsy Monitoring | <input type="checkbox"/> Neurodiagnostic Education | <input type="checkbox"/> PSG/Sleep Technology | |

Section V: Communication Consent

Federal regulations by the FCC require ASET to have your permission before we can communicate with you via fax or e-mail about the important products, programs or services that you value the most.

I hereby give ASET this _____ day of _____, 20____ written permission to sent notices, advertisements, announcements, brochures, invoices and other information from ASET via facsimile and /or e-mail at the number and address shown herein. This permission will have no date of expiration.*

Signature _____ Date _____

On occasion, ASET may rent member mailing addresses and e-mail addresses to its business associates and third-parties for marketing purposes. If you would like to be included in these communications, please check each item that applies:*

- Business associates/third-party mail
- Business associates/third-party e-mail

* You may opt-out from receiving communications from ASET and/or its business associates in the future by logging on to the Members Only section of the ASET website and changing your communication preferences.

Section VI: Payment Information

\$ _____ ASET Membership Dues

\$ _____ ASET Chapter Dues (optional)

\$ _____ Donation to ASET General Operations Fund (optional)

\$ _____ Donation to ASET Foundation (optional) - Gifts made to the ASET Foundation are deductible as a charitable contribution in the year in which they are given. (Federal Tax ID# 77-0644963). Please include do not include my name in the donation acknowledgment.

\$ _____ **Total amount made payable to ASET – The Neurodiagnostic Society or to be charged** (Federal Tax ID#74-1553534)**

Payment Method:

- Check or Money Order payable to ASET – The Neurodiagnostic Society (payment must be in US dollars drawn on a US bank)
- American Express Discover MasterCard Visa

Name on Card: _____

Account No: _____

Expiration Date: _____ Billing Zip Code: _____ CID: _____
Month / Year

Cardholder Signature: _____

**ASET estimates that the non-deductible portion of your 2018 dues, the portion that is allocable to lobbying activities, is \$24.50. Annual subscriptions to *The Neurodiagnostic Journal* and *ASET News* are included with your membership and may not be deducted from dues. Dues portions allotted for publications are \$2 for the newsletter and \$21.40 for the journal. ASET's FEIN is 74-1553534. A member may resign or cancel their membership at any time by submitting their resignation in writing to info@aset.org. Membership dues are non-refundable.

STAFF USE ONLY:

Office Code: WEB18

Date Rec'd _____

Date Entered _____

By _____

ASET CHAPTER DUES

Chapters are local, state or regional neurodiagnostic organizations that have been officially chartered by ASET. They provide member information, continuing education and timely communication, allowing you the opportunity to stay abreast of ever changing developments in the profession in your region. Joining one or more chapters is optional. One hundred percent of Chapter dues collected by ASET are rebated quarterly to the applicable chapters. For more information about Chapters, go to www.aset.org/Membership/Chapters. If you would like to join one or more chapters at the time you join ASET, enter the chapter name and dues amount from the table below on the ASET membership application form (Section II). Note: The dues tables below reflect discounts from when joining both ASET and a chapter.

ACTIVE MEMBERSHIP

Chapter Name	Area(s) Covered	Chapter Fee(s) - Circle One or More			
		Jan-Mar Join Date	Apr-Jun Join Date	Jul-Sept Join Date	Oct-Dec Join Date
Arizona Chapter of ASET	State of Arizona	\$35	\$26	\$13	\$35
California Neurodiagnostic Society	State of California	\$25	\$25	\$20	\$25
Florida Chapter	State of Florida	\$30	\$23	\$15	\$30
ISETT Chapter	State of Indiana	\$40	\$30	\$20	\$40
Mid-Atlantic Chapter	WV, KY, VA, PA, MD	\$25	\$25	\$15	\$25
Minnesota Chapter of ASET	State of Minnesota	\$30	\$23	\$15	\$30
Missouri Chapter	State of Missouri	\$20	\$20	\$20	\$20
Ohio Neurodiagnostic Society	State of Ohio	\$25	\$25	\$20	\$25
Pennsylvania Chapter of ASET	State of Pennsylvania	\$30	\$23	\$15	\$30
South Carolina Chapter of ASET	South Carolina	\$25	\$19	\$13	\$25
SSET	AL, AR, DC, FL, GA, KY, LA, MD, MI, NC, OK, SC, TN, TX, WV, VA, southern PA	\$30	\$25	\$15	\$30
Tennessee Chapter	State of Tennessee	\$25	\$25	\$20	\$25
Washington Chapter of ASET	State of Washington	\$30	\$23	\$15	\$30

ASSOCIATE MEMBERSHIP

Chapter Name	Area(s) Covered	Chapter Fee(s) - Circle One or More			
		Jan-Mar Join Date	Apr-Jun Join Date	Jul-Sept Join Date	Oct-Dec Join Date
Arizona Chapter of ASET	State of Arizona	\$35	\$26	\$13	\$35
California Neurodiagnostic Society	State of California	\$30	\$30	\$25	\$30
Florida Chapter	State of Florida	\$35	\$26	\$18	\$35
Minnesota Chapter of ASET	State of Minnesota	\$40	\$30	\$20	\$40
Missouri Chapter	State of Missouri	\$20	\$20	\$20	\$20
Ohio Neurodiagnostic Society	State of Ohio	\$30	\$30	\$25	\$30
Pennsylvania Chapter of ASET	State of Pennsylvania	\$40	\$30	\$20	\$40
South Carolina Chapter of ASET	South Carolina	\$30	\$23	\$15	\$30
Tennessee Chapter	State of Tennessee	\$30	\$30	\$25	\$30
Washington Chapter of ASET	State of Washington	\$35	\$26	\$18	\$35

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STUDENT MEMBERSHIP					
Chapter Name	Area(s) Covered	Chapter Fee(s) - Circle One or More			
		Jan-Mar Join Date	Apr-Jun Join Date	Jul-Sept Join Date	Oct-Dec Join Date
Arizona Chapter of ASET	State of Arizona	\$15	\$11	\$8	\$15
California Neurodiagnostic Society	State of California	\$15	\$15	\$10	\$15
Florida Chapter	State of Florida	\$25	\$19	\$13	\$25
ISETT Chapter	State of Indiana	\$20	\$15	\$10	\$20
Minnesota Chapter of ASET	State of Minnesota	\$15	\$11	\$8	\$15
Missouri Chapter	State of Missouri	\$10	\$10	\$10	\$10
Ohio Neurodiagnostic Society	State of Ohio	\$15	\$15	\$15	\$15
Pennsylvania Chapter of ASET	State of Pennsylvania	\$15	\$11	\$8	\$15
South Carolina Chapter of ASET	South Carolina	\$15	\$11	\$8	\$15
Tennessee Chapter	State of Tennessee	\$15	\$15	\$10	\$15
Washington Chapter of ASET	State of Washington	\$15	\$11	\$8	\$15

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Date Entered _____

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