



## ASET – The Neurodiagnostic Society

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### 2019 ASET INSTITUTIONAL MEMBER EMPLOYEE ADD-ON FORM

Please use this form to enroll additional employees under your organization’s Institutional membership at the time of your annual membership renewal and/or during the membership/calendar year. If your enrollment of additional employees exceeds the one primary billing contact and four employees included with the base \$500 annual Institutional member dues (US), please include the applicable employee add-on fee for each additional employee you are enrolling on this form. (Membership runs from January through December. First-year member dues are pro-rated based on join date. The add-on employee dues for US individuals added from January through March are \$86; \$65 for April through June; \$43 for July through September; and \$86 for October through December of the following year.) There is no limit to the number of employees that an Institutional member may enroll.

Each member will receive an email with their username and password after the application is processed which will enable individuals to access the Members Only section of the ASET website as well as directly qualify for member rates when registering for education events and ASET on-line courses, and making purchases through the ASET Store. Individuals may change their log-in and/or password, and update their personal profiles, at any time by logging in to the Members Only section of the ASET website. A member card will be mailed to each employee enrolled through this form. If you have any questions completing this form, please contact the ASET Executive Office at 1.816.931.1120, ext. 107# or kathy@aset.org.

#### Section I: Institution

Institutional Member Organization Name: \_\_\_\_\_

**Authorization is hereby given to enroll the individual(s) identified in Section II below as employee members under our organization’s ASET Institutional Membership.**

This individual(s) is (*check one*):  
 a new employee to be enrolled under our Institutional membership  
 an employee replacing a current/former employee previously enrolled under our Institutional membership  
**(enter first and last name of employee who’s membership under your Institution is to be de-activated \_\_\_\_\_)**

Name (printed) of Primary Billing Contact: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Primary Billing Contact*

\_\_\_\_\_  
*Date*

#### Section II: Add-on Employee Member Information

For each add-on employee, please complete the following information. Please duplicate this section and attach to this form if more space is required.

##### Add-on Employee 1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

##### Mailing Address if different than Institution mailing address:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ \* Required field. Employee log-in and password to access the Members Only pages of the ASET website will be automatically assigned and e-mailed to the employee upon approval of application. Employee may change his/her log-in and password at any time thereafter.

**Social Media:** **Twitter:** \_\_\_\_\_ **Facebook:** \_\_\_\_\_ **LinkedIn:** \_\_\_\_\_  
(ex: <http://www.twitter.com/asetive>) (ex: <http://www.facebook.com/asetnds>) (ex: <http://www.linkedin.com/in/aset>)

##### Check appropriate credentials, if any:

R. EEG T.  R. EP T.  RPSGT  CNIM  R.NCS.T.  CLTM  CAP  Other \_\_\_\_\_

##### Check appropriate degrees, if any:

2 year Associates Degree  BA  BS  MA  MS  MEd  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.)

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

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

**Optional Information:** ASET Interest Section Forums, a member-only benefit, are interactive discussion forums 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<br>Neurodiagnostics | <input type="checkbox"/> Clinical EEG  | <input type="checkbox"/> Epilepsy Monitoring | <input type="checkbox"/> NCS                         | <input type="checkbox"/> Pediatrics & Neonatology       |
| <input type="checkbox"/> Ambulatory Monitoring                   | <input type="checkbox"/> CPT Codes     | <input type="checkbox"/> IONM                | <input type="checkbox"/> Neurodiagnostic Education   | <input type="checkbox"/> Technologists as Entrepreneurs |
| <input type="checkbox"/> Autonomic Testing                       | <input type="checkbox"/> Dept Managers | <input type="checkbox"/> MEG                 | <input type="checkbox"/> New Technologies & Research |   |

### Section III: Communication Consent

Federal regulations by the FCC require ASET to have permission before we can communicate with Institutional member employees via fax or e-mail about important products, programs or services.

I hereby give ASET/ASET Foundation this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ written permission to send notices, advertisements, announcements, brochures, invoices and other information from ASET via facsimile and /or e-mail at the numbers 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 your employee(s) to be included in these communications, please check each item that applies:\*

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

\* Institutional employee members 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 their communication preferences.

### Section IV: Payment Information

- 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 General Operations Fund (optional)

\$ \_\_\_\_\_ **TOTAL ENCLOSED\*\* made payable to ASET – The Neurodiagnostic Society (Federal Tax ID#74-1553534)**

- In addition to dues, enclosed is \$ \_\_\_\_\_ as a donation to the ASET Foundation General Fund (Federal Tax ID # 77-0644963)  
Please  include  do not include or my name in the donation acknowledgment.

**Make foundation donations payable to the ASET Foundation. 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)**

**Mail this completed form to:**

**ASET – The Neurodiagnostic Society  
402 East Bannister Road, Suite A,  
Kansas City, MO 64131-3019 or fax to 816-931-1145**