



# INSTITUTIONAL MEMBERSHIP 2023 APPLICATION

INSTITUTION NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

## MEMBERSHIP CATEGORY

(Check one box based on join date)

	JAN - MAR	APR - JUNE	JULY - SEPT	OCT - DEC
<b>INSTITUTIONAL</b> - Health care or educational institutions which employ or educate neurodiagnostic technologists. Dues include membership for up to five employees, one being the primary billing contact.	<input type="checkbox"/> \$550 US	<input type="checkbox"/> \$412 US	<input type="checkbox"/> \$275 US	<input type="checkbox"/> \$550 US
<b>ADD-ON EMPLOYEES</b> (each) - Institutions may enroll additional employees at the add-on rate per employee.	<input type="checkbox"/> \$95 US	<input type="checkbox"/> \$72 US	<input type="checkbox"/> \$48 US	<input type="checkbox"/> \$95 US

ASET MEMBERSHIP RUNS JANUARY - DECEMBER. New member dues are pro-rated based on date joined. Joining October through December ensures your membership runs through December of the following year.

All institutional members enjoy the same benefits as an Active member except they are not eligible to serve as a trustee or officer of the Society (unless they upgrade their membership to Active.) In the event of employment changes and/or new hires, an Institution may add, replace or inactivate employees at any time throughout the year. These changes must be provided by the Primary Billing Contact.

## EMPLOYEE 1 - PRIMARY BILLING CONTACT

Please identify the Institutional employee to serve as the primary billing contact.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PREFERRED EMAIL (required) \_\_\_\_\_  
(ASET Internal Use Only)

PREFERRED PHONE  Home  Cell  Business \_\_\_\_\_

### DEGREES

AA  BA  MA  MHA  MEd

AS  BS  MS  MD  PhD

Other \_\_\_\_\_

### CREDENTIALS

R. EEG T.  CNIM  R.NCS.T.  CLTM

R. EP T.  MEG  CNCT  CAP

RPSGT  D.ABNM  Other \_\_\_\_\_

PREFERRED MAILING ADDRESS  Home  Work

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MEMBERSHIP DIRECTORY LISTING: ASET provides a Members Only searchable directory. However, we recognize the importance of your privacy. Please choose whether you would like your information to be included in the Members Only Online Directory. If no option is chosen, the default is yes, include.  **Yes**, include my information  **No**, do not include my information

### CAREER STAGE

<input type="checkbox"/> Student	<input type="checkbox"/> 0-5 Years	<input type="checkbox"/> 5-10 Years	<input type="checkbox"/> 10+ Years	<input type="checkbox"/> Other
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### GO GREEN!

ASET offers its members access to both print and digital versions of *The Neurodiagnostic Journal*. If you would prefer to receive digital access only, please check the box.  **YES**, I would like to receive digital access only to *The Neurodiagnostic Journal*.

**EMPLOYEE 2**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PREFERRED EMAIL (required) \_\_\_\_\_  
(ASET Internal Use Only)PREFERRED PHONE  Home  Cell  Business \_\_\_\_\_

## DEGREES

 AA  BA  MA  MHA  MEd  
 AS  BS  MS  MD  PhD  
 Other \_\_\_\_\_

## CREDENTIALS

 R. EEG T.  CNIM  R.NCS.T.  CLTM  
 R. EP T.  MEG  CNCT  CAP  
 RPSGT  D.ABNM  Other \_\_\_\_\_PREFERRED MAILING ADDRESS  Home  Work

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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## CAREER STAGE

 Student  0-5 Years  5-10 Years  10+ Years  Other**GO GREEN!**

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**EMPLOYEE 3**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PREFERRED EMAIL (required) \_\_\_\_\_  
(ASET Internal Use Only)PREFERRED PHONE  Home  Cell  Business \_\_\_\_\_

## DEGREES

 AA  BA  MA  MHA  MEd  
 AS  BS  MS  MD  PhD  
 Other \_\_\_\_\_

## CREDENTIALS

 R. EEG T.  CNIM  R.NCS.T.  CLTM  
 R. EP T.  MEG  CNCT  CAP  
 RPSGT  D.ABNM  Other \_\_\_\_\_PREFERRED MAILING ADDRESS  Home  Work

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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## CAREER STAGE

 Student  0-5 Years  5-10 Years  10+ Years  Other**GO GREEN!**

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**EMPLOYEE 4**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PREFERRED EMAIL (required) \_\_\_\_\_  
(ASET Internal Use Only)PREFERRED PHONE  Home  Cell  Business \_\_\_\_\_

## DEGREES

 AA     BA     MA     MHA     MEd  
 AS     BS     MS     MD     PhD  
 Other \_\_\_\_\_

## CREDENTIALS

 R. EEG T.     CNIM     R.NCS.T.     CLTM  
 R. EP T.     MEG     CNCT     CAP  
 RPSGT     D.ABNM     Other \_\_\_\_\_
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 Student     0-5 Years     5-10 Years     10+ Years     Other
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**EMPLOYEE 5**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PREFERRED EMAIL (required) \_\_\_\_\_  
(ASET Internal Use Only)PREFERRED PHONE  Home  Cell  Business \_\_\_\_\_

## DEGREES

 AA     BA     MA     MHA     MEd  
 AS     BS     MS     MD     PhD  
 Other \_\_\_\_\_

## CREDENTIALS

 R. EEG T.     CNIM     R.NCS.T.     CLTM  
 R. EP T.     MEG     CNCT     CAP  
 RPSGT     D.ABNM     Other \_\_\_\_\_
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## ASET CHAPTER DUES

Chapters are state, local 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 informed of ever-changing developments in the profession in your area. Joining one or more chapters is optional. If your institutional employees would like to affiliate directly with a chapter, please instruct them to file an individual member application directly with the chapter. Contact information and links to each chapter's website can be found at [www.aset.org/chapterlisting](http://www.aset.org/chapterlisting).

## PAYMENT INFORMATION

\$ \_\_\_\_\_ **ASET Base Dues**

Check or Money Order # \_\_\_\_\_  
(must be in US Dollars drawn on US bank and made payable to ASET)

\$ \_\_\_\_\_ **ASET Add-On Dues**

American Express     Discover     MasterCard     Visa

\$ \_\_\_\_\_ **Total Enclosed**

NAME ON CARD \_\_\_\_\_

*(Total amount made payable to ASET – The Neurodiagnostic Society by Check or Money Order or to be charged by Credit Card\*\*)*

CARD NO. \_\_\_\_\_

EXP. DATE \_\_\_\_\_ / \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_ CID \_\_\_\_\_

\*\*ASET estimates that of the non-deductible portion of the 2023 Institutional member base dues, the portion that is allocable to lobbying activities, is \$157.50. Annual subscriptions to *The Neurodiagnostic Journal* and *ASETNews* are included with your membership and may not be deducted from dues. Dues portions allotted for publications are \$10 for the newsletter and \$107 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](mailto:info@aset.org). Membership dues are non-refundable.

Please mail, fax or scan/email your completed application to:

**ASET – The Neurodiagnostic Society | 312 SW Greenwich Drive, Suite 669 | Lee's Summit, MO 64082**

**816.931.1120 ext. 107 | 816.944.3243 direct/fax | [darla@aset.org](mailto:darla@aset.org) | [www.aset.org](http://www.aset.org)**



# INSTITUTIONAL MEMBERSHIP - EMPLOYEE ADD ON 2023 APPLICATION

INSTITUTION NAME \_\_\_\_\_

PRIMARY BILLING CONTACT (PBC) \_\_\_\_\_

DATE \_\_\_\_\_

## EMPLOYEE - ADD ON

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PREFERRED EMAIL (required) \_\_\_\_\_  
(ASET Internal Use Only)

PREFERRED PHONE  Home  Cell  Business \_\_\_\_\_

DEGREES	CREDENTIALS
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<input type="checkbox"/> AS <input type="checkbox"/> BS <input type="checkbox"/> MS <input type="checkbox"/> MD <input type="checkbox"/> PhD	<input type="checkbox"/> R. EP T. <input type="checkbox"/> MEG <input type="checkbox"/> CNCT <input type="checkbox"/> CAP
<input type="checkbox"/> Other _____	<input type="checkbox"/> RPSGT <input type="checkbox"/> D.ABNM <input type="checkbox"/> Other _____

PREFERRED MAILING ADDRESS  Home  Work

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NAME ON CARD \_\_\_\_\_

CARD NO. \_\_\_\_\_

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