



INDIVIDUAL STUDENT MEMBERSHIP 2023 APPLICATION

LAST NAME _____ FIRST NAME _____ MIDDLE _____

DOB _____ / _____ / _____ PREFERRED EMAIL (required) _____
(ASET Internal Use Only)

PREFERRED PHONE NUMBER: _____ Home Cell Business

DEGREES CREDENTIALS

<input type="checkbox"/> AA	<input type="checkbox"/> BA	<input type="checkbox"/> MA	<input type="checkbox"/> MHA	<input type="checkbox"/> MEd	<input type="checkbox"/> R. EEG T.	<input type="checkbox"/> CNIM	<input type="checkbox"/> R.NCS.T.	<input type="checkbox"/> CLTM
<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"/> Other _____			

PREFERRED MAILING ADDRESS Home Work EMPLOYER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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!

As an ASET student member, you will receive digital online access to all issues of *The Neurodiagnostic Journal*, dating back to the very first issue in 1961. You will also receive access to the monthly *ASETNews*, which provides Society updates, Tech Tips articles, and more!

MEMBERSHIP 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 in the ASET Members Only Online Directory **No**, do not include my information

COMMUNICATION CONSENT

Federal regulations by the FCC require ASET to have your permission before we can communicate with you via email. You may manage your communications preferences by logging in to your ASET profile. If left unchecked, you will receive ASET emails.*

<input type="checkbox"/> General ASET email messages	<input type="checkbox"/> Third Party emails
<input type="checkbox"/> ASET Emails – important products, programs and services	<input type="checkbox"/> None – do not send me any email marketing messages

*This will not exclude emails pertaining directly to your membership such as dues renewal notices or transaction receipts.

Dues rates are for the 2023 member year. ASET estimates that the non-deductible portion of your 2023 dues, the portion that is allocable to lobbying activities for Active or Associate is \$31.50 and Student is \$24.50. Annual subscriptions to *ASETNews* and *The Neurodiagnostic Journal* 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. 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. ASET FEIN 74-1553534

MEMBERSHIP TYPE (check one box based on date joined)

STUDENT - Individual residing in the U.S. and enrolled in a formal neurodiagnostic education or on-the-job training program. Application must be accompanied by a letter from the school's program director or institution's OTJ Training Supervisor.	JAN - MAR	APR - JUNE	JULY - SEPT	OCT - DEC
	<input type="checkbox"/> \$58 US	<input type="checkbox"/> \$43 US	<input type="checkbox"/> \$29 US	<input type="checkbox"/> \$58 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.

I am a student currently enrolled in a formal neurodiagnostic education 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 enrolled in, my program director's name and my expected graduation date.

SCHOOL _____

PROGRAM DIRECTOR _____ EXPECTED GRADUATION DATE _____

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 Dept; 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: (1) Must not have been a previous member of ASET. (2) Membership for one-time, one-year (Jan. - Dec.). If joining at prorated fee, membership will expire at the end of the year in which application was made.

In-house formal training requirements: (1) Multiple entry level trainees in need of extensive education. (2) Appropriately qualified and credentialed Neurodiagnostic technologists or physician to provide direct supervision and guidance in the use of course materials. (3) Projected time frame for use of course materials of at least 6 months.

ASET CHAPTER DUES (optional; check one box based on date joined)

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 informed 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. More information can be found at www.aset.org/chapterlisting.

STUDENT CHAPTER MEMBERSHIPS	TERRITORY COVERED	JAN - MAR	APR - JUNE	JULY - SEPT	OCT - DEC
Arizona Chapter of ASET	State of Arizona	<input type="checkbox"/> \$15	<input type="checkbox"/> \$12	<input type="checkbox"/> \$8	<input type="checkbox"/> \$15
ISETT Chapter of ASET	State of Indiana	<input type="checkbox"/> \$20	<input type="checkbox"/> \$15	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20
Louisiana Chapter of ASET	State of Louisiana	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5
Mid-Atlantic Neurodiagnostic Society	States of KY, MD, OH, PA, VA, WV	<input type="checkbox"/> \$15	<input type="checkbox"/> \$10	<input type="checkbox"/> \$7	<input type="checkbox"/> \$15
Missouri Chapter of ASET	State of Missouri	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10
Ohio Neurodiagnostic Society	State of Ohio	<input type="checkbox"/> \$20	<input type="checkbox"/> \$15	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20
Pennsylvania Chapter of ASET	State of Pennsylvania	<input type="checkbox"/> \$15	<input type="checkbox"/> \$12	<input type="checkbox"/> \$8	<input type="checkbox"/> \$15
South Carolina Chapter of ASET	State of South Carolina	<input type="checkbox"/> \$15	<input type="checkbox"/> \$11	<input type="checkbox"/> \$8	<input type="checkbox"/> \$15
Washington Chapter of ASET	State of Washington	<input type="checkbox"/> \$15	<input type="checkbox"/> \$12	<input type="checkbox"/> \$8	<input type="checkbox"/> \$15
Wisconsin Neurodiagnostic Society	State of Wisconsin	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5

PAYMENT INFORMATION

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

\$ _____ ASET Chapter Dues American Express Discover MasterCard Visa

NAME ON CARD _____

CARD NO. _____

EXP. DATE _____ / _____ BILLING ZIP CODE _____ CID _____

\$ _____ **Total Enclosed** CARDHOLDER SIGNATURE _____

Please email, fax or mail your completed application to:

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