



# INDIVIDUAL STUDENT MEMBERSHIP 2024 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.\*

**General ASET Emails** – such as important products, programs and services

**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 2024 member year. Online subscriptions to *ASETNews* and *The Neurodiagnostic Journal* are included with your membership and may not be deducted from dues. 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. 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. <b>Application must be accompanied by a letter</b> from the school's program director or institution's OTJ Training Supervisor.	<b>JAN - MAR</b>	<b>APR - JUNE</b>	<b>JULY - SEPT</b>	<b>OCT - DEC</b>
	<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 Training Supervisor; 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) 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](http://www.aset.org/chapterlisting).

STUDENT CHAPTER MEMBERSHIPS	TERRITORY COVERED	RATE
Arizona Chapter of ASET	State of Arizona	<input type="checkbox"/> \$20
Florida Chapter of ASET	State of Florida	<input type="checkbox"/> \$15
Louisiana Chapter of ASET	State of Louisiana	<input type="checkbox"/> \$5
Ohio Neurodiagnostic Society	State of Ohio	<input type="checkbox"/> \$20 (Jan-March or Oct-Dec) <input type="checkbox"/> \$15 (April-June) <input type="checkbox"/> \$10 (July-Sept)
South Carolina Chapter of ASET	State of South Carolina	<input type="checkbox"/> \$20
Washington Chapter of ASET	State of Washington	<input type="checkbox"/> \$15

**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:

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

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