



ACTIVE RENEWAL MEMBERSHIP 2024 APPLICATION

LAST NAME _____ FIRST NAME _____ MIDDLE _____

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

PREFERRED PHONE 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"/> D.ABNM	<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!

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*.

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. Membership dues are non-refundable. ASET FEIN 74-1553534

MEMBERSHIP TYPE (check one box based on date joined)

RENEWAL ACTIVE - Individual whose primary employment/training is in clinical practice, research, education or management in neurodiagnostics.

RENEWAL DUES \$125 US

ASET RENEWAL MEMBERS: The dues are \$125.00 for ALL renewal members regardless of the renewal date. Renewal dues are NOT pro-rated. The ASET membership year runs January-December. To receive the full value of your membership benefits, members are encouraged to renew before their expiration date. Renewing between October-December ensures your membership runs through December of the following year.

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.

ACTIVE CHAPTER MEMBERSHIPS	TERRITORY COVERED	DUES
Arizona Chapter of ASET	State of Arizona	<input type="checkbox"/> \$35
Florida Chapter of ASET	State of Florida	<input type="checkbox"/> \$30 (Jan-March or Oct-Dec) <input type="checkbox"/> \$30 (April-June) <input type="checkbox"/> \$15 (July-Sept)
ISETT Chapter of ASET	State of Indiana	<input type="checkbox"/> \$40
Louisiana Chapter of ASET	State of Louisiana	<input type="checkbox"/> \$25 (Jan-March or Oct-Dec) <input type="checkbox"/> \$20 (April-June) <input type="checkbox"/> \$15 (July-Sept)
Mid-Atlantic Neurodiagnostic Society	States of WV, KY, VA, PA, MD, OH	<input type="checkbox"/> \$25
Missouri Chapter of ASET	State of Missouri	<input type="checkbox"/> \$20
Ohio Neurodiagnostic Society	State of Ohio	<input type="checkbox"/> \$30 (Jan-March or Oct-Dec) <input type="checkbox"/> \$30 (April-June) <input type="checkbox"/> \$25 (July-Sept)
Rocky Mountain Society	States of UT, MT, ID, CO, NV, NM, WY	<input type="checkbox"/> \$35
South Carolina Chapter of ASET	State of South Carolina	<input type="checkbox"/> \$25
Washington Chapter of ASET	State of Washington	<input type="checkbox"/> \$30

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

\$ _____ ASET Foundation Donation

 American Express Discover MasterCard Visa Make Anonymous*(Gifts made to the ASET Foundation are deductible as a charitable contribution in the year in which they are given.)*

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 | 816.944.3243 direct/fax | 816.931.1120 ext. 107 | www.aset.org

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