

Active Member Information

Name: _____ Date: _____
(Full Legal Name)

Date of Birth: _____ Gender: Male Female

Home Address: _____ Is this your primary address: Yes No

City: _____ State: _____ ZIP: _____ Country: _____

Business Address: _____ Is this your primary address: Yes No

Company Name: _____ Department: _____

City: _____ State: _____ ZIP: _____ Country: _____

*Email: _____ Do Not Display

*Tel: _____ Do Not Display *Fax: _____ Do Not Display

* Unless indicated in the "Do Not Display" box, this information will be included in your online directory listing that can be viewed by other ASA members.

State of Principal Professional activity (e.g., Florida): _____

Medical School: _____

Medical School Address: _____ Suite No: _____

City: _____ State: _____ ZIP: _____ Country: _____

Years: _____ Degree: _____

Internship: _____ Residency: _____
(Location and Dates) *(Location and Dates)*

Licensed to practice in: _____ Licensed to practice in: _____
(State and Date) *(State and Date)*

Certification by: ABA: _____ Other Certification: _____
(Date and ABA I.D. Number) *(Date and Number)*

Present Appointments: _____
(Indicate Institutions and Dates)

Applicant's Signature: _____ **Date:** _____

For Physician In Full-time Military Service

ASA* membership requires component society membership for U.S. members. If you are active duty military personnel and/or joining the USSA (Uniformed Services Society of Anesthesiologists) component, please make sure to complete the following:

Rank: _____

Duty Station: _____ Branch: _____

Payment Method

Note: Dues of \$750 must accompany application; the prorated amount is \$375 after July 31.

American Express MasterCard VISA

Total Amount: _____ Name on Card: _____

Credit Card Number: _____ Expiration Date: _____ Card ID: _____

Signature: _____

If paying by credit card, your card will be charged upon approval of your application.

*The credit card number you supplied on this application may also be used to charge your component society dues, if the component accepts credit cards and charges dues. This will be a separate transaction on your statement. Those components that do not accept credit card payments and charges dues will contact you for payment of component dues. Please contact ASA Member Services at (847) 825-5586 with any questions. **Dues are based on the calendar year.***

Membership in good standing of the American Society of Anesthesiologists
requires adherence to the ASA "Guidelines for the Ethical Practice of Anesthesiology."

Mail payment and completed form to:

American Society of Anesthesiologists
Attn: Membership
1061 American Lane
Schaumburg, IL 60173-4973

Or fax to:

Attn: Membership (847) 825-1692

TO BE COMPLETED BY COMPONENT SOCIETY SECRETARY

Approved as a(n) _____ member in good standing of the
(Category)

_____ Society of Anesthesiologists.
(Component)

_____ (Date) _____ (Secretary of Component Society)