Member Benefits

- *ASA® MONITOR™* – Monthly print newsletter contains up-to-date information about Society activities and other areas of interest
- *ASAP* – Weekly e-newsletter
- *Anesthesiology®* journal and the journal website – **anesthesiology.pubs.asahq.org**
- Discounted pricing on meeting registration
- Discounted pricing on educational products such as ACE and SEE – ASA best sellers, which help you meet CME and ABA MOCA® requirements
- Access to practice management and quality improvement resources to help you strengthen operations and patient outcomes
- ASA my Practice Management app
- Journal-based CME credits ($120 value)
- NACOR™ registry participation ($1,100 value)
- ASA® QCDR participation ($150 value) – available at the practice level
- Access to the ASA Member Directory
- Participate on ASA committees

Education Member (Care Team Member) $352 Annual Dues

- A nonphysician provider of anesthesia care including:
  - Nurse Anesthetists (NA)
  - Dentists (DDS)
  - Veterinarians (DVM)
- Practice Administrators and Executives

Who We Are

The American Society of Anesthesiologists® (ASA®) is the premier professional organization for anesthesia professionals with more than 52,000 members.

Our Mission

Advancing the practice and securing the future.

ASA® Membership Matters

to your patients, your practice and your specialty

Mail payment and completed form to:
American Society of Anesthesiologists
Attn: Member Services
1061 American Lane
Schaumburg, IL 60173-4973

Or fax to:
Attn: Membership (847) 825-1692

(Please print or type)

Educational Member Information

Name:_____ Date:_____
(Full Legal Name)

Title:_____ Credentials:_____

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.*

Please select: ❑ CAA ❑ CRNA ❑ Dentist ❑ Veterinarian ❑ Practice Administrator ❑ Other

Practice Administrator Physician Endorsement (Active ASA member) Name: _____

Signature: _____ Date: _____

Training Program: _____
Training Start Date:_____ Training End Date:_____

Certification: _____ Date Certified: _____

Current Appointment: _____ Suite No: _____

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

❑ I agree with the "Guidelines for the Ethical Practice of Anesthesiology" and subscribe to the "Anesthesia Care Team" statement, as provided with this application.

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

Payment Method

❑ **$352** Annual Dues ❑ **$176.00** After July 31

❑ American Express ❑ MasterCard ❑ VISA ❑ Check *(Payable to American Society of Anesthesiologists)*

Total Amount:_____Name on Card:_____

Credit Card Number:_____ Expiration Date:_____CVV:_____

Signature:_____

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

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1061 American Lane
Schaumburg, IL 60173-4973
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Education Membership Application

American Society of Anesthesiologists®