



ASA® Membership Matters to your patients,
your practice and your specialty

Educational Membership Application for Anesthesia Administrators & Executives

ASA Membership Matters

to your patients, your practice and your specialty

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.

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
- 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)
- Access to the ASA Member Directory
- Participate on ASA committees

Annual Dues

- \$0 – If 90% or more of group's physician anesthesiologists are ASA Active members in good standing and all members will be on a single group bill.
- \$250 – If less than 90% of group's physician anesthesiologists are ASA Active members in good standing, or the group does not participate in group dues billing.

Mail payment and completed form to:

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

Or fax to:

Attn: Membership (847) 825-1692

American Society of Anesthesiologists

Anesthesia Administrator & Executive Information

Name: _____ Date: _____
(Full Legal Name)

Title: _____ Credentials: _____

Date of Birth: _____ Gender: Male Female
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Home Address: _____ Is this your primary mailing address: Yes No

City: _____ State: _____ ZIP: _____

Company Name: _____ Department: _____

Business Address: _____ Is this your primary mailing address: Yes No
*Mandatory

City: _____ State: _____ ZIP: _____

*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.

Signature: _____ Date: _____

Physician Endorsement (Active ASA member)

Name: _____ ASA Active Member ID #: _____

ASA Active Member Signature: _____ Date: _____

By providing name and signature, I am supporting this applicant and attesting to their eligibility for ASA Educational membership.

Payment Method

Group physician roster may be sent to info@asahq.org. Reference membership application submission date.

\$0 Annual Dues \$250 Annual Dues

American Express MasterCard VISA Check (Payable to American Society of Anesthesiologists)
If paying by credit card, your card will be charged upon approval of your application.

Total Amount: _____ Name on Card: _____

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Signature: _____