

**Member Benefits**

- ASA® *MONITOR*™ – this 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](http://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
- Access to the ASA Member Directory

**Educational Student Member \$25 Annual Dues**

- Anesthesiologist Assistant (AA) students
- Nurse Anesthetist (NA) students

**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

**Educational Student Member Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Full Legal Name) 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.

Training Program: \_\_\_\_\_

Current Appointment: \_\_\_\_\_ Suite No: \_\_\_\_\_

**For Student Applicants**

Training Site (Hospital): \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Anticipated Date of Graduation: \_\_\_\_\_

Program Director/Coordinator Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program Director/Coordinator Signature: \_\_\_\_\_

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**

Note: Dues must accompany application. Membership is based on a calendar year running from January 1-December 31. Please pay only the amount indicated based on the date of your application. Dues payments are not refundable.

\$25 Annual Dues  \$12.50 After July 31

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

Total Amount: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Card ID: \_\_\_\_\_

Signature: \_\_\_\_\_

**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



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your practice and your specialty

## Educational Student Membership Application