

INDIVIDUAL STUDENT MEMBERSHIP 2025 APPLICATION

LAST NAME			FIRST NAME			MIDDLE						
DOB / PREFERRED EMAIL (required) (ASET Internal Use Only)												
PREFERRED PHONE NUMBER:												
PREFERRED MAILING ADDRESS Home Work EMPLOYER NAME												
ADDRESS												
CITY					STATE _			ZIP				
DEGREES CREDENTIALS												
□АА	□ВА	□ MA	□ MHA	□ MEd	□ R. EEG T.	□ CNIM	□R	.NCS.T.	□ CLTM			
□ AS	□ BS	□ MS	\square MD	□ PhD	□ R. EP T.	□ MEG		CNCT	□ CAP			
☐ Other	ſ				□ RPSGT	□ Other						
CAREER STAGE (REQUIRED)												
□ Stuc	dent	□ 0-5 Y	'ears	□ 5-10 Year	s \square	10+ Years						
GO GREEN! As an ASET student member, you will receive digital online access to all issues of <i>The Neurodiagnostic Journal</i> , dating back to the very first issue in 1961. You will also receive access to the monthly ASETNews, which provides Society updates, Tech Tips articles, and more!												
- 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 r	my informat	ion in the AS	ET Members Only	Online Directory	′	□ No ,	do <u>not</u> ind	clude my information			
COMMU	JNICATION (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 2025 member year. Online subscriptions to NeuroCurrents 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

STUDENT - Individual residing in the U.S. and education or on-the-job training program.		JAN - MAR		JULY - AUG	SEPT - DEC				
<u>a letter</u> from the school's program director		□ \$58 US	□ \$44 US	□ \$44 US	□ \$58 US				
ASET MEMBERSHIP RUNS JANUARY - DECEME December ensures your membership runs the		sed on date jo	oined. Joining	October thro	ugh				
I am a student currently enrolled in a formy program director; included in the least expected graduation date.	ormal neurodiagnostic education programenter is the name of the institution I am cur								
SCHOOL					_				
PROGRAM DIRECTOR	EXPECTED GRADUATION DATE								
letter from my Training Supervisor; inclu receiving, and learning objectives. I ur (1) Must not have been a previous me	ormal on-the-job training program at my inded in the letter is the name of my employed and many and meet the criteria for formal mber of ASET. (2) Membership for one-time year in which application was made.	oyer, a brief de Il on-the-job tr	escription of the aining Studer	he type of trai nt status as sta	ning I am ted:				
	 Entry level trainees in need of extensiv ogists or physician to provide direct supe urse materials of at least 6 months. 								
ASET CHAPTER DUES (optional; choosing of Chapters are local, state or regional neurod information, continuing education and time developments in the profession in your region by ASET are rebated quarterly to the applic	liagnostic organizations that have been only communication, allowing you the opposen. Joining one or more chapters is option	ortunity to sta al. One hund	y informed of red percent of	f ever-changir of chapter due	ng				
STUDENT CHAPTER MEMBERSHIPS	TERRITORY COVERED	RATE							
Alabama Chapter of ASET	State of Alabama	□ \$25							
Arizona Chapter of ASET	State of Arizona	□ \$15							
Florida Chapter of ASET	State of Florida	□ \$15							
ISETT Chapter of ASET	State of Indiana	□ \$40							
Louisiana Chapter of ASET	State of Louisiana	□ \$5							
Mid-Atlantic Neurodiagnostic Society	States of KY, MD, PA, VA, WV	□ \$15							
Missouri Chapter of ASET	State of Missouri	□ \$20							
Ohio Chapter of ASET	State of Ohio	□ \$20							
Rocky Mountain Chapter of ASET	States of CO, ID, MT, NM, NV, UT, WY	□ \$35							
South Carolina Chapter of ASET	State of South Carolina	□ \$25							
Texas Chapter of ASET	State of Texas	□ \$5							
Washington Chapter of ASET	State of Washington	□ \$30							
PAYMENT INFORMATION									
\$ ASET Dues	☐ Check or Money Order #								
\$ ASET Chapter Dues	ASET Chapter Dues □ American Express □ Discover □ MasterCard □ Visa								
	NAME ON CARD								
	CARD NO								
\$ Total Enclosed	EXP. DATE / BILLING ZIP CODE CID								
	CARDHOLDER SIGNATURE								

MEMBERSHIP TYPE (check one box based on date joined; you only have to pay the dues for that time period)