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Name:(Last)		(First)	(Middle)		o. Date of bi	· · · · · · · · · · · · · · · · · · ·
Home Address (required)				Is this	this your primary address? 🗖 Yes	
(Number)	(Street)					
(City)		(State)	(Zip Code)		(Country)	
Business Address (requ	uired)			ls th	is your primary	address? 🔲 Yes 🔲 I
(Company Name)	(Department)					
(Number)	(Street)					
(City)		(State)	(Zip Code)		(Country)	
Billing Address for ASA	Dues Statement	: If not comple	ted, statement will be	sent to Pr	imary Mailing A	Address
(Company Name)	(Department)					
(Number)	(Street)					
(City)		(State)	(Zip Code)		(Country)	
		(State)	(Zip Code) Office Fax	*	(Country)	
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Office Telephone* E-mail Address* State of Principal Profe Gender: M F Medical Education: (City) Internship: (Licensed to practice in Certification by: ABA:	(Sacception and Dates (Date)	Do Not Displete.g., Florida): tate) (State and Date (ABA I.D. N	Office Fax: lay (School) (Country) 9. Residency: e) Other Ce	(Year	s) cation and Date: (State and Da	(Degree)
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Note: Application continues on back of form.

*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.

FOR PHYSICIANS IN FULL-TIME MILITARY SERVICE

14(Rank)		(Duty Station)	(Branch)	
	PAYMENT	INFORMATION		
.5. If paying by credit card, your ca	rd will be charged upon app	proval of your application.		
ccepts credit cards. This will be a s payments will contact you for payme	eparate transaction on you ent of component dues. Mer	statement. Those compon onbership in the ASA is com	component society dues, if the component tents that do not accept credit card tingent upon component society . Dues are based on the calendar year.	
lote: Dues of \$665.00 must acco	mpany application; the pro	rated amount is \$332.50	after June 30.	
☐ American Express	☐ MasterCard	☐ VISA		
Credit Card Number:				
Expiration Date:(month/year)	_ Card Holder Name:		lease print)	
Signature				
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	TO BE COMPLETED BY CO	MPONENT SOCIETY SECF	RETARY	
Approved as a(n)	(Category)		member in good standing of the	
	(0		Society of Anesthesiologists.	
	(Component)			
(Date)		(Secretary of Component Society)		