(Please print or type)

*Required fields—applications will not be accepted if left blank

International Affiliate Membership Application

Full Legal Name Credentials: *Title: *Date of Birth: *Gender: ☐ Male ☐ Female *Business Name:______ Department: _____ ______ Is this your primary address: \square Yes \square No *State: *ZIP: *Country: ☐ Personal ☐ Work *Email: *Medical School Name: *Medical School City: *State: *Country: *Begin/Graduation: MM/YY - MM/YY Internship:____ Institution and Location Internship Begin Date:_____ Internship End Date: MM/YY MM/YY *Residency Institution Name: *Residency Institution City:
*State: *Country: *Date of Completion: *Date Started: 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. ☐ Option A – Membership WITHOUT print copies of *Anesthesiology* (includes online access). Dues of **\$352** (USD) must accompany application. ☐ Option B – Membership WITH print copies of *Anesthesiology*. Please include the mailing fee: **\$65 (USD)**. Total of \$417 (USD) must accompany application. ☐ American Express ☐ MasterCard ☐ VISA 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: ____ Card ID: Signature: Membership in good standing of the American Society of Anesthesiologists requires adherence to the ASA "Guidelines for the Ethical Practice of Anesthesiology."