Anesthesia Practice Administrators & Executives (AAE) Application

*Required fields—applications will not be accepted if left blank. Please print or type.

*Full Legal Name | *Today's Date (mm/dd/yyyy)

*Title | *Credentials | *Date of Birth (mm/dd/yyyy)

Gender (select one):
☐ Man/Male ☐ Woman/Female ☐ Nonbinary
☐ Gender nonconforming ☐ Prefer not to answer

Race (select one):
☐ American Indian or Alaska Native ☐ Asian ☐ Asian–Indian
☐ Black/African American ☐ Native Hawaiian or Pacific Islander ☐ White
☐ Other ☐ Prefer not to answer

Ethnicity (select one):
☐ Hispanic, Latino, Spanish Origin ☐ Not Hispanic, Latino, Spanish Origin ☐ Prefer not to answer

*Affiliation (Company Name, Institution) | *Department

*Home Address | *City | *State | *Zip | *Country

*Personal Email | *Primary Telephone ☐ Cell ☐ Home ☐ Work

☐ I agree with the "Guidelines for the Ethical Practice of Anesthesiology" and subscribe to the "Anesthesia Care Team" statement, available at asahq.org/agreement.

Applicant Signature | Date

Physician Endorsement (Active ASA Member)

Name | ASA Active Member ID # | Date

ASA Active Member Signature

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

Payment Method

Only non-physicians can be Anesthesia Practice Administrator and Executive (AAE) members. Physician anesthesiologists must join as Active members, regardless of the role or the position they hold at their organization. Physicians who are not anesthesiologists, must join as Affiliate members.

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

ASA bills and collects for 45 ASA Component Societies. Upon receipt of your application, ASA will contact you regarding any additional component dues you may owe.

☐ $0 Annual Dues ☐ $258 Annual Dues

$0—If 90% or more of a group's physician anesthesiologists are ASA Active members in good standing AND all members will be on a single group bill.
$258—If less than 90% of a group's physician anesthesiologists are ASA Active members in good standing OR the group does not participate in a group dues billing.

ASA Group Bill ID Number

Total Amount ☐ Visa ☐ MasterCard ☐ American Express ☐ Check (Payable to American Society of Anesthesiologists)

If paying by credit card, your card will be charged upon approval of application.

Credit Card Number | Expiration Date (mm/yy) | CVV

Name on Card | Signature

Mail payment and completed form to:
American Society of Anesthesiologists
Attn: Accounting
1061 American Lane, Schaumburg, IL 60173-4973
Or fax to: Attn: Membership (847) 825-1692