



Washington Chapter of ASET 2020 Membership Form

Dues are payable starting in January and membership is current for the remainder of the year.

Fill out this form and mail it along with a check or money order made to WA Chapter of ASET for your dues to:

Bettina Clowry

Washington Chapter of ASET Treasurer

1521 223rd PI NE, Sammamish, WA, 98074

First Name _____ Last Name _____

Credentials _____ Degrees / Certificates _____

Address _____

City _____ State _____ Postal Code _____

E-mail _____

Phone Number _____ ASET Member Id Number _____

Employer or Corporate Name _____

Address _____

City _____ State _____ Postal Code _____

Years of Experience in Electroneurodiagnostic Technology

1-5 ____ 6-10 ____ 11-15 ____ 16-20 ____ 20+ ____

Select Membership Types:

Active \$30.00 ____ Associate \$35.00 ____ Student \$15.00 ____

New Member ____ Returning Member ____

Name of school (Student Member) _____

Program Director's name _____

Program Director's E-Mail Address _____

Date you began program _____

Program Length _____

I request a Certificate for framing: Yes ____ No ____

Signature _____ Date _____