

# MEMBERSHIP APPLICATION

► Associate Non-Physicians: Please complete lines 1 through 3, 5, 6 (if applicable) and 10, review 11, complete 12 PLEASE TYPE OR PRINT: 1. Personal Information: First Name Middle Last Name (Family Name) Generation (Sr., Jr., II, III, IV) Academic Degrees to be published, 2 maximum ☐ Male ☐ Female Birthdate (Month/Day/Year) Spouse/Life Partner's First Name Middle Last Name (Family Name) Prefix (Dr., Mr., Mrs., Ms.) Where do you prefer to receive your journals and correspondence? ☐ Home ☐ Office 2. Address: (If you indicate an office address, please provide the institution name and department) Institution Name/Department Address City State or Province ZIP/Postal Code Country 3. Contact Information: Preferred Fmail Primary Phone Office Phone Ext. 4. If you are board certified, please specify: Board Year (ABR, ABMP, ABNM, AOCR, FRCP®, Consejo Mexican de Radiologia e Imagen, FRCR, JBRE, other) 5. Medical Education/University: Medical/University School Name Degree/Medical Degree City State or Province Begin Date (Month/Year) Completion Date (Month/Year) Country 6. Graduate Education: (i.e., Master or Doctorate Degree) Graduate School Name Graduate Degree City State or Province Begin Date (Month/Year) Completion Date (Month/Year) Country 7. Residency Training in Radiology: Institution Name Program Director's Full Name City State or Province Begin Date (Month/Year) Completion Date (Month/Year) Country

### EMAIL, FAX OR MAIL REQUIRED COPY OF YOUR CURRICULUM VITAE

Active (Board-certified North America) \$545\*

Includes print and online journals

# International Members \$545\*

Add print journals for \$90

#### Qualifications

- Radiologists
- Radiation Oncologists
- Medical Physicists
- Nuclear Medicine Physicians
- Radiologic Scientists (Researchers/Bio-Medical Engineers)

## Associate (Board-eligible) \$545\*

Includes print and online journals

#### Qualifications

- Radiologists
- Radiation Oncologists
- Medical Physicists
- Nuclear Medicine Physicians
- Radiologic Scientists
- Dentists

- Physicians
- (Non-Radiologist)
- Veterinarians
- Molecular Biologists Bio-Medical Engineers
- Computer Scientists

# Associate (Non-Physician) \$273\*

Add print journals for \$80

#### Qualifications

- Administrators/Business Managers (Hospital/Radiology/Radiation Oncology)
- Architects
- Assistants (Physician/Radiologist)
- Educators
- Medical Dosimetrists
- Nurse Practitioners
- Radiation Therapists
- Radiographers
- · Registered Nurses
- Sonographers
- Technologists
  - (Radiologic/Nuclear Medicine)

\*Membership extends January 1 through December 31, regardless of join date.

8. Fellowship:					
Institution Name				Program Director's Full Name	
City	State or Province	Cou	ntry	Begin Date (Month/Year)	Completion Date (Month/Year)
9. Subspecialty Areas of Interest:	Mark <b>one</b> circle to indicate prim	ary specialty. M	Mark <b>all</b> applicable s	squares for areas of interest.	
O□ Breast (Imaging & Interventional) O□ Cardiac Radiology O□ Chest Radiology O□ Computed Tomography O□ Diagnostic Radiology O□ Education O□ Emergency Radiology	O□ Gastrointestinal Radiology O□ Genitourinary Radiology O□ Head & Neck O□ Health Policy O□ Informatics O□ Interventional O□ Leadership & Management	ointestinal Radiology ourinary Radiology & Neck		O□ Pediatric Radiology O□ Physics & Basic Science O□ Professionalism (Including Ethic O□ Radiation Oncology O□ Research & Statistical Methods O□ Safety & Quality O□ Ultrasound	○□ Vascular ○□ Other
Please Select One:   Academic Setting	☐ Private Practice ☐ Other				
10. Practice Location:					
UniversityName of University				City	State or Province
Hospital	Name of Hospital			City	State or Province
reestandingName of Practice				City	State or Province
11. Professional Licensure for Associate Members:			Certification:		
Must be eligible or provide a copy of member verification in one of the following RSNA Associate Sciences Consortium organizations.			Please provide a current copy of certificate from one of the following:  DENTISTS		
ARCHITECTS, EDUCATORS, HOSPITAL AND RADIOLOGY ADMINISTRATORS, RADIOLOGY BUSINESS MANAGERS, RADIOLOGIST ASSISTANTS, RADIOLOGIC TECHNOLOGISTS  American Institute of Architects-Academy of Architecture for Health (AIA-AAH) American Society of Radiologic Technologists (ASRT) Association of Educators in Imaging and Radiologic Sciences, Inc. (AEIRS) Association of Medical Imaging Management (AHRA) Association of Vascular and Interventional Radiographers (AVIR) Canadian Association of Medical Radiation Technologists (CAMRT) College of Radiographers (CoR) International Society of Radiographers & Radiological Technologists (ISRRT) Radiology Business Management Association (RBMA) Section for Magnetic Resonance Technologists-International Society for Magnetic Resonance in Medicine (SMRT-ISMRM) Society of Nuclear Medicine Technologists Section (SNMTS)			American Board of General Dentistry  MEDICAL DOSIMETRISTS  Medical Dosimetrist Certification Board  REGISTERED NURSES, NURSE PRACTITIONERS Current copy of appropriate state board of nursing licensure  PHYSICIANS, PHYSICISTS, RADIOLOGIC SCIENTISTS (board eligible) American Osteopathic Board of Radiology American Board of Oral and Maxillofacial Radiology Member boards of the American Board of Medical Specialties  PHYSICIAN ASSISTANTS National Commission on Certification of Physician Assistants  SONOGRAPHERS American Registry for Diagnostic Medical Sonography  VETERINARIANS American College of Veterinary Radiology		
I certify that the foregoing statements a this application or the termination of the	re true and complete to the best of m		belief, and understan	d that any willfully false statement is su	fficient cause for rejection of
X Applicant Signature			Date		
Opt for online only journals   Radiolog	gy □ Radiographics □ RSNA News	By opting for or	nline publications only	, you will not receive print copies of the	e publication(s) indicated.
RSNA Charge Authorization Form  Select One Category: See reverse side for category qualification  Active (Board-certified North America) \$545  International Members \$545  Add print journals for \$90  Rates valid through December 31, 2018  Rates valid through December 31, 2018  Associate (Board-eligible) \$545  Associate (Non-Physician) \$273  Add print journals for \$80				□ Amex □ Diner's Club □ Disc EMBERSHIP RENEWAL cally renew my membership dues paym	
All Members:  Add 3D Printing - Special Interest Group for \$40  Checks must be drawn on a U.S. bank in U.S. dollars payable to RSNA. By sending your check to us, you authorize RSNA to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited the same day we receive your payment.			Total Amount Expiration Date (Month/Year) CVV  Card Number		
Mail to: RSNA       TEL 1-877-RSNA-MEM Outside of U.S. & Canada 1-630-571-7873         820 Jorie Blvd.       FAX 1-630-571-2198         Oak Brook, IL 60523-2251       membership@rsna.org			Name as it appears on card  X  Cardholder Signature I authorize my credit card to be charged the total amount listed. If my fees are totaled incorrectly,		

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