

The Radiological Society of North America (RSNA[®]) is a professional membership organization devoted to developing the highest standards of radiology and related sciences through education and research.

Medical student membership is open to students residing in and enrolled in a medical school in a North American country. Medical Student Members are provided with many valuable benefits, including:

Free online subscriptions



The journal of continuing medical education in radiology



The most clinically relevant, highest-quality science in radiology



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RSNA[®] 2012

NOVEMBER 25-30 MCCORMICK PLACE, CHICAGO

World-class Meeting

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myRSNA[®]

A personal homepage to store files, bookmarks and searches, accessible from any computer

Find out how RSNA is helping more than 48,000 of your colleagues maintain their professional edge.

Join today. Apply online at RSNA.org/apply.

Medical Student Membership Requirements, Rights and Privileges

Each Medical Student applicant must reside in and be enrolled in a medical school in a North American country. The medical school must be approved by the Liaison Committee for Medical Education or its equivalent.

Medical Student members shall have certain rights and privileges as determined by the RSNA Board of Directors.

Annual Membership Dues

Medical Student Membership (North America)
(Includes individual online only journal access)
(Optional print journals added)

FREE
\$80.00

Membership cycle runs January 1–December 31
Print journal rate good through December 31, 2012

Online journal access is an RSNA benefit provided free to members. By signing this application, you agree to protect this benefit from misuse by accessing the journals for your personal use only. Please safeguard your user name and password.

Instructions for Application

Complete the attached application. Please type or print.

Membership application must be received by October 15 in order to attend RSNA 2012 as a member.

- Fill in required information.
- Sign line 5.
- Obtain signature of the dean of your medical school (line 5).
- Forward your completed application to RSNA at the address below.
- Apply online at RSNA.org/apply.

Procedure for Admission

1. Once received, your application will be reviewed by RSNA.
2. You will be notified in 45 to 60 days about your membership status.



Medical Student Membership Application

Please type or print

1. **First Name:** _____ **Middle Name:** _____

Last Name (Family name): _____ **Generation (Sr., Jr., II, III, IV):** _____

Academic Degrees/Credentials to be published (Max. of 2): _____

Birthdate (Month/Day/Year): _____ Male Female

Spouse/Domestic Partner's Name: _____ **Prefix (Dr., Prof., Mr., Mrs., Ms.):** _____
First Name Last (Family) Name

2. Address:

City: _____ State or Province: _____ ZIP/Postal Code: _____

Country: _____

3. Contact Information:

Home Phone: _____ E-mail _____

Cell Phone: _____ Fax: _____

4. Medical Education:

Medical School Name: _____

City: _____ State or Province: _____ Country: _____

Begin Date (Month/Year): _____ Anticipated Completion Date (Month/Year): _____

5. I agree to abide by the current bylaws and any revision thereof:

I certify that the foregoing statements are true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause for rejection of this application or the termination of the membership.

Signature of Applicant

Signature of Dean of Medical School

Date

Approved Disapproved
RCVD _____ ACKN _____
Rec Date: ACCTG _____ DM _____ MBR _____
RTG _____ ADM (Mo/Day/Year) _____
Member Number _____

