

# American Roentgen Ray Society

## Membership Application

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- *American Journal of Roentgenology (AJR)* with Free CME Articles
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- ARRS Twitter and Facebook Links
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For more information or to apply online:  
log on to [www.arrs.org](http://www.arrs.org)  
call 800-347-7748 or 703-648-8900

ARRS Is Your Partner in Lifelong Learning

For ARRS Office Use:

Date Received

I.D. Number

WEB09

Date: \_\_\_\_\_ Date of Birth (Month/Date/Year): \_\_\_\_\_  Male  FemaleName (please print): \_\_\_\_\_  
Last First Initial Degree(s)**Home Address:**

Street Address or Post Office Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone ( ): \_\_\_\_\_ Fax ( ): \_\_\_\_\_ E-mail (home): \_\_\_\_\_

**Work Address:**

Organization: \_\_\_\_\_

Street Address or Post Office Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone ( ): \_\_\_\_\_ Fax ( ): \_\_\_\_\_ E-mail (work): \_\_\_\_\_

**Please indicate where you prefer to receive your journals and/or correspondence:**  Home  Work Occasionally, the ARRS rents mailing lists to companies with radiology related products and services. If you prefer to exclude your name from mailing lists rented by the ARRS, please check here.**What is your subspecialty or primary area(s) of interest? (Please select no more than 4 subspecialty areas.)**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Breast Imaging             | <input type="checkbox"/> General Diagnostic Radiology | <input type="checkbox"/> Neuroradiology      | <input type="checkbox"/> Thoracic Imaging                  |
| <input type="checkbox"/> Cardiac Imaging            | <input type="checkbox"/> Genitourinary Radiology      | <input type="checkbox"/> Nuclear Medicine    | <input type="checkbox"/> Ultrasound                        |
| <input type="checkbox"/> Emergency Radiology        | <input type="checkbox"/> Mammography                  | <input type="checkbox"/> Pediatric Radiology | <input type="checkbox"/> Vascular/Interventional Radiology |
| <input type="checkbox"/> Gastrointestinal Radiology | <input type="checkbox"/> Musculoskeletal Radiology    | <input type="checkbox"/> Radiation Oncology  | <input type="checkbox"/> Women's Imaging                   |
| <input type="checkbox"/> Other (specify): _____     |   |  |  |

**Practice Type:**

- Academic/Research/Faculty  Government/Military  Hospital  Private Office/Free-Standing Imaging Center  
 Other (specify): \_\_\_\_\_

**Education** (list name of institution, years attended, and degree(s) received):**Graduate** (Medical School, Graduate School, etc): \_\_\_\_\_**Postgraduate** (Internships, Residencies, Fellowships, etc): \_\_\_\_\_

**Credentials:** Board-certified  Yes  No If yes, please complete the following:

I hereby certify that I am certified in \_\_\_\_\_ by the \_\_\_\_\_  
Year Name of Qualifying Board

in \_\_\_\_\_  
Specialty

**Do you have a Certificate of Added Qualification (CAQ) from the ABR?**  Yes  No

If yes, please indicate the area:  Pediatric Radiology  Neuroradiology  Vascular/Interventional Radiology

### In-training applicants must complete this section

I certify that I am a  resident  fellow or  medical student in \_\_\_\_\_  
Specialty

at \_\_\_\_\_  
Name of Institution

Date program began/begins: \_\_\_\_\_ Date program ends: \_\_\_\_\_  
(Month/Date/Year) (Month/Date/Year)

**Verification:** (Program Director or Department Chair only)

***I certify that this applicant is a resident, fellow or medical student at the above-named institution.***

Name (Please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Signature: \_\_\_\_\_

### Volunteer Opportunities with ARRS

Check here if you are interested in learning more about volunteer opportunities with ARRS including:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abstract reviewer                           | <input type="checkbox"/> Committees                     | <input type="checkbox"/> Moderator for annual meeting          |
| <input type="checkbox"/> AJR manuscript reviewer                     | <input type="checkbox"/> Content/subject matter expert  | <input type="checkbox"/> Roentgen Fund® fundraising activities |
| <input type="checkbox"/> AJR Integrative Imaging manuscript reviewer | <input type="checkbox"/> Contributor to ARRS InPractice |  |

- Application must be completely filled out to be processed.
- Membership is effective upon processing of application and activation of new member account.
- Please allow 4-6 weeks for processing.
- Of the annual dues amount, \$70.00 is allocated for a subscription to the AJR; \$5.00 is allocated for a subscription to ARRS InPractice.
- In submitting this ARRS membership application, I agree and understand the \$50 application processing fee is nonrefundable. This fee does not apply to in-training or international in-training membership applications.

Continue on other side 

