

International Membership of the Korean Society of Radiology

Join KSR Now!

Welcome to Korean Society of Radiology which was established in 1945. KSR is the official society representing all physicians of Korea in the field of Radiology. When you join KSR, you are provided with many valuable benefits.

Benefits

- No Membership Dues
- Discounted on KCR registration fee
- Free online access to Korean Journal of Radiology (KJR)
- Free online access to KSR website and E-learning system
- Free subscription to KSR news
- Priority in the consideration for KSR fellowship program

Requirements for International Membership

- International Membership is only for non-Korean experts.
- International Members are radiologists, medical Physicists, radiologic scientists, and experts who have a related degree of radiology.
- International Members are recommended to attend Korean Congress of Radiology.
- International Members shall be approved by the Board of Directors of KSR.

Application for International Membership

- Application by e-mail (office@radiology.or.kr) with fill-up of application form
- Application on KSR webpage (<http://www.radiology.or.kr/eng>)
- Just Visit KSR/KCR Booth with completed application form

Maintenance of Membership

- International Membership is valid for three years.
- International Member should submit renewal form of International Membership to KSR via webpage before termination.
- International Membership could be terminated on written or email request from the member.
- International membership could be terminated by agreement in KSR board of directors, in case of one's hazardous activity against KSR.



Application for KSR International Membership

Please type or print

Send completed form to:

The Korean Society of Radiology
71, Yangjaecheon-ro, Seocho-gu,
Seoul 137-130, Korea

Tel: +82-2-578-8003 / Fax: +82-2-529-7113

E-mail: office@radiology.kr

First Name:

Last Name

Degrees:

M.D

PH.D

M.B

etc ()

Date of Birth (Month/Date/Year)

Male

Female

Specialty:

(i.e., diagnostic radiology, radiation oncology, medical physics)

Subspecialty:

Home Address:

Zip Code:

Country/ City:

Office Address:

Zip Code:

Country/City:

Home Phone:

Office Phone

E-mail:

Fax:

Education (list name of institution, years attended, and degree(s) received):

1. Graduate (Medical School, Graduate School, etc):

2. Postgraduate (Internships, Residencies, Fellowships, etc):

Signature of Applicant

Date