

## A. SELECT YOUR MEMBERSHIP TYPE

Members are eligible to participate in all ARRS activities including holding elective office and voting privileges.

### Member

Individuals in the practice of radiology, radiation oncology or nuclear medicine who are medical school graduates that have completed a radiology residency program.

\*Online Only (all countries)

1 year      2 years      3 years—Best Value!

\$350     \$675     \$975

Print and Online (located in North America, including United States territories)

1 year      2 years      3 years—Best Value!

\$395     \$765     \$1,110

Print and Online (located outside North America)

1 year      2 years      3 years—Best Value!

\$490     \$955     \$1,395

\* Members selecting Online Only membership will not receive the print journal *AJR*. Online Only members will have access to the publication online.

Note: If you are a medical student, resident, or fellow, please complete the application for membership located at [www.arrs.org/In-TrainingApp](http://www.arrs.org/In-TrainingApp)

### Associate Member

Individuals in the practice of radiology-related sciences and allied health professionals.

\*Online Only (all countries)

1 year      2 years      3 years—Best Value!

\$350     \$675     \$975

Print and Online (located in North America, including United States territories)

1 year      2 years      3 years—Best Value!

\$395     \$765     \$1,110

Print and Online (located outside North America)

1 year      2 years      3 years—Best Value!

\$490     \$955     \$1,395

Please indicate the type of associate member you are, based on your profession:

- |  |   |
|--|---|
| <input type="checkbox"/> Nurse                       | <input type="checkbox"/> Physicist                  |
| <input type="checkbox"/> Radiology Administrator     | <input type="checkbox"/> Radiology Assistant        |
| <input type="checkbox"/> Radiologic Technologist     | <input type="checkbox"/> Radiology Business Manager |
| <input type="checkbox"/> Radiology Practitioner      |   |
| <input type="checkbox"/> Physician (non-Radiologist) |   |

\_\_\_\_\_ (please specify type of physician)

## B. CONTACT AND DEMOGRAPHIC INFORMATION

\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Degree(s)

Birthdate (Month/Date/Year): \_\_\_\_\_  Male     Female     Non-Binary     Prefer Not to Answer

Home Street Address: \_\_\_\_\_

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

Home Email: \_\_\_\_\_ Home or Cell Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Work Street Address: \_\_\_\_\_

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

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please indicate where you prefer to receive print member correspondence:     Home     Work

Please indicate where you prefer to receive email member correspondence:     Home     Work

Occasionally ARRS rents mailing lists to companies with radiology-related products and services. If you prefer to exclude your name and mailing address from these list rentals, please check here.

**C. PROFESSIONAL INFORMATION**

**PRACTICE TYPE:**

- Government
- Hospital
- Military
- Private Practice
- Academic/Research/Faculty
- Other (specify): \_\_\_\_\_

**AREAS OF PRACTICE AND/OR INTEREST:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> General Diagnostic Radiology | <input type="checkbox"/> Neuroradiology          | <input type="checkbox"/> Nuclear Medicine        |
| <input type="checkbox"/> Cardiac Imaging              | <input type="checkbox"/> Breast Imaging          | <input type="checkbox"/> Pediatric Imaging       |
| <input type="checkbox"/> Chest Imaging                | <input type="checkbox"/> Ultrasound              | <input type="checkbox"/> Radiation Oncology      |
| <input type="checkbox"/> Emergency Radiology          | <input type="checkbox"/> Interventional          | <input type="checkbox"/> Artificial Intelligence |
| <input type="checkbox"/> Gastrointestinal Imaging     | <input type="checkbox"/> Vascular                | <input type="checkbox"/> Theranostics            |
| <input type="checkbox"/> Genitourinary Imaging        | <input type="checkbox"/> Musculoskeletal Imaging |  |
| <input type="checkbox"/> Other (specify): _____       |  |  |

**EDUCATION INFORMATION**

Medical School Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Residency Institution Name: \_\_\_\_\_

Residency End Date: \_\_\_\_\_

**D. PAYMENT INFORMATION**

Dues Amount:	<input type="text"/>
Nonrefundable Application Processing Fee:	<b>\$50.00</b>
<b>Total:</b>	<input type="text"/>

**Payment Options:**

- Visa
- American Express
- MasterCard
- Check (Payable to the ARRS in U.S. funds)

Card No:

Expires:

**E. AUTHORIZING SIGNATURE**

Sign below to indicate the information you have provided is correct to the best of your knowledge and to authorize payment as you have indicated above.

Applicant's Signature for Payment: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Send completed form to:*

**ARRS**  
 Attn: Member Services  
 44211 Slatestone Court  
 Leesburg, VA 20176-5109 U.S.A.

Toll-free: (866) 940-2777  
(U.S. and Canada)

Phone: (703) 729-3353  
 Fax: (703) 729-4839  
 Email: membership@arrs.org

Membership is effective upon processing of completed application and activation of account. Please allow 2–4 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 \$50.00 application processing fee is nonrefundable.