

# ARRS Membership Application

For ARRS Office Use:

Date Received \_\_\_\_\_

I.D. Number \_\_\_\_\_

**Active Members**—Individuals in the practice of radiology, radiation oncology or nuclear medicine in North America including United States territories who are medical school graduates that have completed a radiology residency program are eligible for Active membership.

	1 year	2 years	3 years
Print and Online	<input type="checkbox"/> \$350	<input type="checkbox"/> \$675	<input type="checkbox"/> \$975
*Online Only	<input type="checkbox"/> \$315	<input type="checkbox"/> \$605	<input type="checkbox"/> \$870

**Associate Members**—Individuals in the practice of radiology-related sciences and allied health professionals in North America including United States territories are eligible for Associate membership. Please indicate type of associate member below:

**Profession:**

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

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

Other (please describe): \_\_\_\_\_

	1 year	2 years	3 years
Print and Online	<input type="checkbox"/> \$350	<input type="checkbox"/> \$675	<input type="checkbox"/> \$975
*Online Only	<input type="checkbox"/> \$315	<input type="checkbox"/> \$605	<input type="checkbox"/> \$870

**International**—Individuals residing outside of North America or United States territories who otherwise fulfill the criteria for Active or Associate membership or possess their country's equivalent qualification.

	1 year	2 years	3 years
Print and Online:	<input type="checkbox"/> \$430	<input type="checkbox"/> \$835	<input type="checkbox"/> \$1215
*Online Only	<input type="checkbox"/> \$315	<input type="checkbox"/> \$605	<input type="checkbox"/> \$870

**Special In-Training Rates for Residents, Fellows, and Medical Students**

*\*\*In-training members may only select Print and Online if they are in training for more than 6 months after date of application.*

**In-training Members**—Residents or fellows in radiology, radiation oncology or nuclear medicine program or a student in a medical school or radiology-related science or allied science program in North America or United States territories are eligible for In-training membership. Training status must be verified by a program director or chair.

\*Online Only  \$0      \*\*Print and Online  \$95

**International In-training Members**—Residents or fellows in radiology, radiation oncology or nuclear medicine program or a student in a medical school or radiology-related science or allied science program outside North America or United States territories are eligible for International In-training membership. Training status must be verified by a program director or chair.

\*Online Only  \$0      \*\*Print and Online  \$175

\*Members selecting Online Only will not receive the print journal, *AJR*. Online only members will have access to the publication at [www.ajronline.org](http://www.ajronline.org).

Membership categories indicated on this application shall be eligible to participate in all ARRS activities, including holding elective office and having full voting privileges.

Date: \_\_\_\_\_ Date of Birth (Month/Date/Year): \_\_\_\_\_  Male  Female

Name (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): \_\_\_\_\_

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

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

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

Practice Type:  Hospital  University  Private  Military  Other (Specialty): \_\_\_\_\_

Primary Area of Practice (Subspecialty): \_\_\_\_\_

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

