American Roentgen Ray Society

Application for SRS Membership

For ARRS Office Use Only

Date Received:_____ ID#: _____

SRS Members—To qualify to join this special interest group within the ARRS membership, you must be (please check applicable category):

- ☐ a current ARRS member age 65 or older
- ☐ a current Emeritus ARRS member (fully retired age 60 or older)

Dues:

- ☐ 1 Year Membership/$75
- ☐ 2 Year Membership/$150
- ☐ 3 Year Membership/$225

Would you like to subscribe to the *AJR* at the discounted rate of **$200** per year? (This discount is only available to Emeritus Members):

☐ Yes ☐ No

SRS Member Benefits include:

- SRS Newsletter, *SRS Notes*
- Discounted registration fee for ARRS Annual Meeting
- SRS Reception at ARRS Annual Meeting (meeting registration is required)
- SRS Video Socials

Please send this application along with payment to:

ARRS
Senior Radiologist Section
44211 Slatestone Court
Leesburg, VA 20176
(703) 729-3353
(866) 940-2777
or fax to:
(703) 729-4839

Date: _____ Date of Birth (Month/Date/Year): _____

Name (please print): _____
Last First Initial Degree(s)

Mailing Address (Street Address or Post Office box):

_____

City: _____State/Province: _____

Zip/Postal Code: _____ Country:_____

Home Phone: _____

E-Mail: _____

Dues Amount:_____

AJR Subscription:_____

Total: _____

Payment Options:

☐ Check (Payable to ARRS in U.S. funds)

☐ Visa ☐ MasterCard ☐ American Express

Card No: | | | | | | | | | | | | | | | |

Expires: | | | |

Applicant's Signature:_____