RSNA®
Radiological Society of North America

MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT:

▸ **Associate Non-Physicians:** Please complete lines 1 through 3, 5, 6 (*if applicable*) and 10, review 11, complete 12 and 13

1. Personal Information:

First Name ______ Middle ______ Last Name (Family Name) ______ Generation (Sr., Jr. II, III, IV) ______

Academic Degrees to be published, 2 maximum ______ Specialty: (i.e., Diagnostic Radiology, Radiation Oncology, Medical Physics) ______

____ / ____ / ____
Birthdate (Month/Day/Year) ☐ Male ☐ Female

Please Select One: ☐ Academic Setting ☐ Private Practice ☐ Other

Spouse/Life Partner's First Name ______ Middle ______ Last Name (Family Name) ______ Prefix (Dr. Mr., Mrs. Ms.) ______

Where do you prefer to receive your journals and correspondence? ☐ Home ☐ Office

2. Address: (If you indicate an office address, be sure to provide the institution name and department)

Institution Name/Department ______

Address ______

City ______ State or Province ______ ZIP/Postal Code ______ Country ______

3. Contact Information:

Home Phone ______ Preferred Email ______

Office Phone ______ Ext. ______ Cell Phone ______ Fax Number ______

4. If you are board certified, please specify:

Board ______ Year ______
(ABR, ABMP, ABNM, AOCR, FRCP®, Consejo Mexican de Radiologia e Imagen, FRCR, JBRE, other)

5. Medical Education/University:

Medical/University School Name ______ Degree/Medical Degree ______

City ______ State or Province ______ Country ______ ____ / ____ Begin Date (Month/Year) ____ / ____ Completion Date (Month/Year)

6. Graduate Education: (i.e., Master or Doctorate Degree)

Graduate School Name ______ Graduate Degree ______

City ______ State or Province ______ Country ______ ____ / ____ Begin Date (Month/Year) ____ / ____ Completion Date (Month/Year)

7. Residency Training in Radiology:

Institution Name ______ Program Director's Full Name ______

City ______ State or Province ______ Country ______ ____ / ____ Begin Date (Month/Year) ____ / ____ Completion Date (Month/Year)

Email, fax or mail required copy of your curriculum vitae

Active (Board-certified North America) $505*
Includes print and online journals

International Members $505*
Add print journals for $90

Qualifications
- Radiologists
- Radiation Oncologists
- Medical Physicists
- Nuclear Medicine Physicians
- Radiologic Scientists (Researchers/Bio-Medical Engineers)

Associate (Board-eligible) $505*
Includes print and online journals

Qualifications
- Radiologists
- Radiation Oncologists
- Medical Physicists
- Nuclear Medicine Physicians
- Radiologic Scientists
- Dentists
- Physicians (Non-Radiologist)
- Veterinarians
- Molecular Biologists
- Bio-Medical Engineers
- Computer Scientists

Associate (Non-Physician) $253*
Add print journals for $80

Qualifications
- Administrators/Business Managers (Hospital/Radiology/Radiation Oncology)
- Architects
- Assistants (Physician/Radiologist)
- Educators
- Medical Dosimetrists
- Nurse Practitioners
- Radiation Therapists
- Radiographers
- Registered Nurses
- Sonographers
- Technologists (Radiologic/Nuclear Medicine)

*Membership extends January 1 through December 31, regardless of join date.

8. Fellowship:

Institution Name: ______ Program Director's Full Name ______

City ______ State or Province ______ Country ______ Begin Date (Month/Year) ___/___ Completion Date (Month/Year) ___/___

9. Subspecialty Areas of Interest: Mark **one** circle to indicate primary specialty. Mark **all** applicable squares for areas of interest.

- ○ ☐ Breast Radiology
- ○ ☐ Cardiac Radiology
- ○ ☐ Chest Radiology
- ○ ☐ Computed Tomography
- ○ ☐ Diagnostic Radiology
- ○ ☐ Digital Mammography
- ○ ☐ Education
- ○ ☐ Emergency Radiology
- ○ ☐ Gastrointestinal Radiology
- ○ ☐ Genitourinary Radiology
- ○ ☐ Head & Neck
- ○ ☐ Health Policy & Practice
- ○ ☐ Informatics
- ○ ☐ Interventional
- ○ ☐ Leadership & Management
- ○ ☐ Magnetic Resonance Imaging
- ○ ☐ Molecular Imaging
- ○ ☐ Musculoskeletal Radiology
- ○ ☐ Neuroradiology
- ○ ☐ Nuclear Medicine
- ○ ☐ OB/GYN
- ○ ☐ Oncologic Imaging
- ○ ☐ Pediatric Radiology
- ○ ☐ Physics & Basic Science
- ○ ☐ Professionalism
- ○ ☐ Radiation Oncology
- ○ ☐ Radiobiology
- ○ ☐ Research & Statistical Methods
- ○ ☐ Safety & Quality
- ○ ☐ Ultrasound
- ○ ☐ Vascular
- ○ ☐ Other

10. Practice Location:

University ______ Name of University ______ City ______ State or Province

Hospital ______ Name of Hospital ______ City ______ State or Province

Freestanding ______ Name of Practice ______ City ______ State or Province

11. Professional Licensure for Associate Members:

Must be eligible or provide a copy of member verification in one of the following RSNA Associate Sciences Consortium organizations.

ARCHITECTS, EDUCATORS, HOSPITAL AND RADIOLOGY ADMINISTRATORS, RADIOLOGY BUSINESS MANAGERS, RADIOLOGIST ASSISTANTS, RADIOLOGIC TECHNOLOGISTS

American Institute of Architects-Academy of Architecture for Health (AIA-AAH)
American Society of Radiologic Technologists (ASRT)
Association of Educators in Imaging and Radiologic Sciences, Inc. (AEIRS)
Association for Medical Imaging Management (AHRA)
Association of Vascular and Interventional Radiographers (AVIR)
Canadian Association of Medical Radiation Technologists (CAMRT)
College of Radiographers (CoR)
International Society of Radiographers & Radiological Technologists (ISRRT)
Radiology Business Management Association (RBMA)
Section for Magnetic Resonance Technologists-International Society for Magnetic Resonance in Medicine (SMRT-ISMRM)
Society of Nuclear Medicine Technologists Section (SNMTS)

Certification:

Please provide a current copy of certificate from one of the following:

DENTISTS
American Board of General Dentistry

MEDICAL DOSIMETRISTS
Medical Dosimetrist Certification Board

REGISTERED NURSES, NURSE PRACTITIONERS
Current copy of appropriate state board of nursing licensure

PHYSICIANS, PHYSICISTS, RADIOLOGIC SCIENTISTS (board eligible)
American Osteopathic Board of Radiology
American Board of Oral and Maxillofacial Radiology
Member boards of the American Board of Medical Specialties

PHYSICIAN ASSISTANTS
National Commission on Certification of Physician Assistants

SONOGRAPHERS
American Registry for Diagnostic Medical Sonography

VETERINARIANS
American College of Veterinary Radiology

12. Current Society Memberships:

______ ______ ______

13. I agree to abide by the current bylaws and any revision thereof:

I certify that the foregoing statements are true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause for rejection of this application or the termination of the membership.

X ______ Applicant Signature ______ Date

Opt for online only journals ☐ *Radiology* ☐ *Radiographics* ☐ *RSNA News* By opting for online publications only, you will not receive print copies of the publication(s) indicated.

RSNA Charge Authorization Form

Rates valid through December 31, 2016

Select One Category: *See reverse side for category qualification*

- ☐ Active (Board-certified North America) $505
- ☐ International Members $505
  - ☐ Add print journals for $90
- ☐ Associate (Board-eligible) $505
- ☐ Associate (Non-Physician) $253
  - ☐ Add print journals for $80

Checks must be drawn on a U.S. bank in U.S. dollars payable to RSNA. By sending your check to us, you authorize RSNA to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited the same day we receive your payment.

Mail to: **RSNA**
820 Jorie Blvd.
Oak Brook, IL 60523-2251

TEL 1-877-RSNA-MEM *Outside of U.S. & Canada* 1-630-571-7873
FAX 1-630-571-2198
membership@rsna.org

☐ Check #______ ☐ Amex ☐ Diner's Club ☐ Discover ☐ Mastercard ☐ Visa

AUTOMATIC MEMBERSHIP RENEWAL

☐ Yes, automatically renew my membership dues payment beginning in 2017

Total Amount ______ Expiration Date (Month/Year) ___/___

Card Number ______

Name as it appears on card ______

X ______ Cardholder Signature

I authorize my credit card to be charged the total amount listed. If my fees are totaled incorrectly, RSNA will make the necessary adjustments and charge my credit card accordingly