

RSNA®

Resident and Fellow Membership Application

FREE
Membership
for Residents
and Fellows

The Radiological Society of North America (RSNA®) is a professional membership organization devoted to developing the highest standards of radiology and related sciences through education and research.

Member-in-Training Membership in the Radiological Society of North America is available to North American physicians or radiologic scientists who have commenced a residency training program approved by the Residency Review Committee, or a subspecialty fellowship. Corresponding Member-in-Training Membership is available to residents engaged in radiology training or entering a fellowship program outside North America. Members in training are provided with many valuable benefits, including:

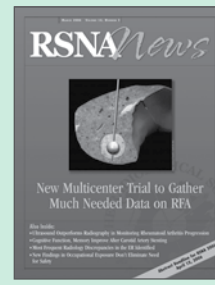
Free online subscriptions



The journal of continuing medical education in radiology



The most clinically relevant, highest-quality science in radiology



Up-to-date news about radiologic research, education and RSNA programs

Free admission to the world's premier radiology meeting



RSNA® 2009
Quality Counts

November 29–December 4, 2009
McCormick Place, Chicago

World-class Meeting

World-class City

Free opportunities for continuing education

... Plus much more. See RSNA.org/Membership/benefits.cfm

my
RSNA®

A personal homepage to store files, bookmarks and searches, accessible from any computer

Find out how RSNA is helping more than 42,000 of your colleagues maintain their professional edge.

Join today. Apply online at RSNA.org/apply.

Please follow the instructions for application appearing on the next page.

Annual Membership Dues

Member-in-Training Membership

(Includes individual <u>online only</u> journal access)	FREE
(Optional print journals added–North America)	\$80.00
(Optional print journals added–Outside North America)	\$205.00

Membership cycle runs January 1–December 31

Print journal rates good through December 31, 2009

Instructions for Application

Complete the attached application. Please type or print.

Membership application must be received by September 1 in order to attend RSNA 2009 as a member.

- Fill in required information.
- Sign line 10.
- If applying as a fellow and are not board certified, supply an updated **curriculum vitae** (in English).
- Obtain signature of your program director (line 10).
- Mail to RSNA at the address below.
- Or apply online at *RSNA.org/apply*.

Procedure for Admission

1. Once received, your application will be reviewed by RSNA.
2. You will be notified in 6–8 weeks about your membership status.

Completion of Residency/Fellowship

- Your membership continues until the completion of your residency.
- If you are entering a fellowship program and wish to continue as a member in training, you must submit the details of your fellowship program.
- Upon completion of residency or fellowship, notification will be sent of reclassification to full membership. (Graduated dues may apply.)



Member-in-Training Membership Application

Please type or print

	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
RCVD _____	ACKN _____	
Rec Date: ACCTG _____	DM _____	MBR _____
RTG _____	ADM (Mo/Day/Year) _____	
Member Number _____		

1. **First Name:** _____ **Middle:** _____

Last Name (Family name): _____ **Generation (Sr., Jr., II, III, IV):** _____

Degrees to be published (Max. of 2): _____

Birthdate (Mo/Day/Year): _____ Male Female

Spouse/Partner's name: _____ Prefix: _____

Program/Specialty: _____ Academic Setting
(i.e., diagnostic radiology, radiation oncology, nuclear medicine)

2. **Where do you prefer to receive your journals and correspondence?** Home Office

3. **Address:**

(If you indicate an office address, be sure to supply the institution name and department)

City: _____ State or Province: _____ Zip (Zip+4) Postal Code: _____

Country: _____

4. **Contact Information:**

Home Phone: _____ E-mail: _____

Office Phone: _____ Ext. _____ Fax: _____

5. **Medical Education/University:**

Medical School: _____

City: _____ State or Province: _____ Country: _____

From (Month/Year): _____ To (Month/Year): _____ Medical Degree: _____

6. **Graduate Education (M.Sc. or Ph.D.):**

Graduate School: _____

City: _____ State or Province: _____ Country: _____

From (Month/Year): _____ To (Month/Year): _____ Graduate Degree: _____

