



# Associate Membership Application

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.

Associate Members are dentists; board-eligible medical physicists, nuclear medicine physicians, radiation oncologists and radiologists; non-radiologist physicians; radiologic scientists; and veterinarians. Associate Members also include administrators/business managers (hospital/radiation oncology/radiology), architects, assistants (physician and radiologist), educators, medical dosimetrists, nurse practitioners, radiation therapists, radiographers, registered nurses, sonographers and technologists (radiologic/nuclear medicine). Associate Members are provided with many valuable benefits, including:

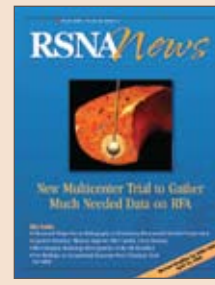
## Free online subscriptions



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 2010

PERSONALIZED MEDICINE:  
In Pursuit of Excellence

NOVEMBER 28 - DECEMBER 3 • McCORMICK PLACE, CHICAGO

World-class Meeting

World-class City

## Free opportunities for AMA PRA CME Category 1 Credits™ and SAMs, as well as ARRT® Category A+ CE Credits

... Plus much more. See [RSNA.org/Membership/benefits.cfm](http://RSNA.org/Membership/benefits.cfm)



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

Find out how RSNA is helping more than 44,000 of your colleagues maintain their professional edge.

**Join today. Apply online at [RSNA.org/apply](http://RSNA.org/apply).**

## Annual Membership Dues

Membership dues are established by the RSNA Board of Directors.  
Dues must accompany application when submitted. RSNA dues are:

### Associate Members who reside in North America

Dentists; board-eligible medical physicists, nuclear medicine physicians, radiation oncologists, and radiologists; non-radiologist physicians; radiologic scientists; and veterinarians.

(Includes individual print and online journal access) **\$400.00**

Administrators/business managers (hospital/radiation oncology/radiology), architects, assistants (physician and radiologist), educators, medical dosimetrists, nurse practitioners, radiation therapists, radiographers, registered nurses, sonographers and technologists (radiologic/nuclear medicine)

(Includes individual online only journal access) **\$200.00**

(Optional print journals added – North America) **\$280.00**

(Optional print journals added – Outside North America) **\$290.00**

Membership cycle runs January 1–December 31

Dues rates good through December 31, 2010

## Instructions for Application

Complete the attached application. Please type or print.

**Membership application must be received by September 1 in order to attend RSNA 2010 as a member.**

- Fill in required information.
- Sign line 10.
- Forward to RSNA at the address below your completed application, dues payment and updated **curriculum vitae/resume**, photocopy of current license, certification or current verification of membership in one of the RSNA Associated Sciences Consortium organizations.
- Or apply online at [RSNA.org/apply](http://RSNA.org/apply).

## Procedure for Admission

1. Once received, your application will be reviewed by RSNA.
2. New applicants' names will be published online for review by members.
3. You will be notified in 6–8 weeks about your membership status.

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Periodical rate postage regulations require that we allocate a portion of membership dues to our journals. For Associate Members, the allocation is \$150.00 for *Radiology*, \$83.00 for *RadioGraphics* and \$10.00 for *RSNA News*. All members must pay full dues. No arrangements can be made for partial payment of dues.



# Associate Membership Application

Please type or print

Approved    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):** \_\_\_\_\_

**a. Professional Degree(s):** (Select up to two)

- B.Arch.       D.V.M.       Ph.D.
- B.S.           M.Arch.       R.A.
- B.S.N.       M.B.           R.N.
- C.M.D.       M.D.           R.T.
- D.O.           M.S.           Other \_\_\_\_\_

(specify)

**b. Membership category for which you are applying:** (Select one)

- Administrators/Business Managers (Hospital/Radiology/Radiation Oncology)
- Architects
- Assistants (Physician and Radiologist)
- Dentists
- Educators
- Medical Dosimetrists
- Non-radiologist Physicians
- Nurse Practitioners
- Radiation Therapists
- Radiographers
- Radiologic Scientists
- Radiologists (board eligible)
- Registered Nurses
- Sonographers
- Technologists (Radiologic/Nuclear Medicine)
- Veterinarians
- Other

Birthdate (Mo/Day/Year): \_\_\_\_\_

Male    Female

Spouse/Partner's name: \_\_\_\_\_ Prefix: \_\_\_\_\_

Hospital Setting    Academic Setting    Private Practice

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. **Degrees and Educational Training:**

Degrees:	School (Name):	Year (Completion):
_____	_____	_____
_____	_____	_____
_____	_____	_____

Internship in \_\_\_\_\_ at \_\_\_\_\_ Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Residency 1 \_\_\_\_\_ at \_\_\_\_\_ Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Residency 2 \_\_\_\_\_ at \_\_\_\_\_ Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Fellowship 1 \_\_\_\_\_ at \_\_\_\_\_ Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

