



# Resident and Fellow 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.

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

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World-class Meeting      World-class City


**RSNA 2010**

PERSONALIZED MEDICINE:  
In Pursuit of Excellence

NOVEMBER 28 - DECEMBER 3 • McCORMICK PLACE, CHICAGO

## Free opportunities for continuing education

... 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

### Member-in-Training Membership

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

Membership cycle runs January 1–December 31

Print journal rates good through December 31, 2010

## Instructions for Application

Complete the attached application. Please type or print.

**Membership application must be received by October 15 in order to attend RSNA 2010 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: \_\_\_\_\_

