

PLEASE TYPE OR PRINT:

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

**1. Personal Information:**

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

Academic Degrees to be published, 2 maximum

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birthdate (Month/Day/Year)  Male  Female

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, please provide the institution name and department)

Institution Name/Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**3. Contact Information:**

Primary Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_

Office Phone \_\_\_\_\_ Ext. \_\_\_\_\_

**4. If you are board certified, please specify:** Board \_\_\_\_\_ Year \_\_\_\_\_  
(ABR, ABMP, ABNM, AOCC, FRCP<sup>®</sup>, Consejo Mexican de Radiología 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) \$545\***  
Includes print and online journals

**International Members \$545\***  
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**Qualifications**

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

**Associate (Board-eligible) \$545\***  
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) \$273\***  
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.

