

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:



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[®] 2011
Celebrate the Image

November 27–December 2 | 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

myRSNA[®]

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

Find out how RSNA is helping more than 46,000 of your colleagues maintain their professional edge.

Join today. Apply online at 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) **\$415.00**

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) **\$207.00**
(Optional print journals added – North America) **\$287.00**
(Optional print journals added – Outside North America) **\$297.00**

Membership cycle runs January 1–December 31
Dues rates good through December 31, 2011

Online journal access is an RSNA benefit provided free to members. By signing this application, you agree to protect this benefit from misuse by accessing the journals for your personal use only. Please safeguard your user name and password.

Instructions for Application

Complete the attached application. Please type or print.

Membership application must be received by September 1 in order to attend RSNA 2011 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.

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.

Periodical rate postage regulations require that we allocate a portion of membership dues to our journals. For Associate Members, the allocation is \$183.00 for *Radiology*, \$98.00 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)

Birthdate (Mo/Day/Year): _____

- Male Female

Spouse/Partner's name: _____ Prefix (Dr., Mr., Mrs., Ms.): _____

- Hospital Setting Academic Setting Private Practice

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

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

Opt for online only journals Radiology Radiographics

Disclaimer: By opting for online publications only, you will no longer receive print copies of the publication(s) indicated.

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 _____

_____ Start Date _____ Completion Date _____

