



PLEASE TYPE OR PRINT:

► Associate Non-Physicians: Please skip sections 4, 6, and 8.

1. Personal Information:

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

Academic Degrees to be published _____ Birthdate (Month/Day/Year) _____ Male Female Non-Binary Prefer Not to Answer

Spouse/Life Partner's First Name _____ Middle _____ Last Name (Family Name) _____ Prefix (Dr., Mr., Mrs., Ms.) _____

Ethnicity: American Indian or Alaskan Native Asian Black or African American Hispanic, Latino, or of Spanish Origin
 Native Hawaiian or Other Pacific Islander White Other Prefer Not to Answer

Address type 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:

Email Address _____ Phone Number _____

4. If you are board certified, please specify: Board _____ Year _____
(ABR, ABMP, ABNM, AOCR, FRCP[®], Consejo Mexican de Radiologia e Imagen, FRCR, JBRE, other)

5. Medical Education/University:

Medical/University School Name _____

Begin Date (Month/Year) _____ Completion Date (Month/Year) _____

Graduate Education: (Master or Doctorate Degree - *if applicable*)

Graduate School Name _____

Begin Date (Month/Year) _____ Completion Date (Month/Year) _____

6. Residency Training in Radiology:

Institution Name _____

Begin Date (Month/Year) _____ Completion Date (Month/Year) _____

Fellowship Training:

Institution Name _____

Begin Date (Month/Year) _____ Completion Date (Month/Year) _____

7. Practice Location:

Please Select One: Academic Setting Private Practice Other

8. Profession Specialty, Primary Specialty, and Areas of Interest

Profession Specialty (*choose one*)
 Diagnostic Radiology Interventional Radiology Radiation Oncology Medical Sciences Nuclear Medicine Other

Mark one circle to indicate primary specialty. Mark all applicable squares for areas of interest

- | | | | |
|------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> 3D Printing | <input type="checkbox"/> Fluoroscopy | <input type="checkbox"/> Magnetic Resonance Imaging | <input type="checkbox"/> Professionalism (Including Ethics) |
| <input type="checkbox"/> Artificial Intelligence | <input type="checkbox"/> Gastrointestinal Radiology | <input type="checkbox"/> Molecular Imaging | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Biomarkers/Quantitative Imaging | <input type="checkbox"/> Genitourinary Radiology | <input type="checkbox"/> Musculoskeletal Radiology | <input type="checkbox"/> Research & Statistical Methods |
| <input type="checkbox"/> Breast (Imaging & Interventional) | <input type="checkbox"/> Head & Neck | <input type="checkbox"/> Neuroradiology | <input type="checkbox"/> Safety & Quality |
| <input type="checkbox"/> Cardiac Radiology | <input type="checkbox"/> Health Policy | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Chest Radiology | <input type="checkbox"/> Informatics | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Vascular |
| <input type="checkbox"/> Computed Tomography | <input type="checkbox"/> Interventional Radiology | <input type="checkbox"/> Oncologic Imaging | <input type="checkbox"/> Other |
| <input type="checkbox"/> Education | <input type="checkbox"/> Leadership & Management | <input type="checkbox"/> Pediatric Radiology | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Emergency Radiology | | <input type="checkbox"/> Physics & Basic Science | |

9. Current Position: (choose one)

Verification Documents Required:

All Active and Associate applicants must provide a curriculum vitae.

Active

Qualifications

Board Certified by the ABR, ABNM, AOB, RCPSC, MCRI, or a board of equivalent rank

- Radiologists
- Dentists
- Radiation Oncologists
- Physicians (Non-Radiologist)
- Medical Physicists
- Veterinarians
- Nuclear Medicine Physicians
- Molecular Biologists
- Radiologic Scientists (Researchers)
- Computer Scientists

10. Professional Licensure for Associate Members:

Must be eligible or provide a copy of member verification in one of the following RSNA Associated Sciences Consortium organizations.

- American Institute of Architects-Academy of Architecture for Health (AIA-AAH)
- American Registry of Radiologic Technologists (ARRT)
- American Society of Radiologic Technologists (ASRT)
- Association of Educators in Imaging and Radiologic Sciences, Inc. (AEIRS)
- Association for Medical Imaging Management (AHRA)

11. I agree to abide by the current bylaws and any revision thereof:

I certify that the foregoing statements are true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause for rejection of this application or the termination of the membership.

X _____
Applicant Signature Date

Associate (Non-Physician)

Qualifications

- Administrators/Business Managers (Hospital/Radiology/Radiation Oncology)
- Nurse Practitioners
- Architects
- Radiation Therapists
- Assistants (Physician/Radiologist)
- Registered Nurses
- Bio-Medical Engineers
- Sonographers
- Educators
- Technologists (Radiologic/Nuclear Medicine)
- Medical Dosimetrists

- Association of Vascular and Interventional Radiographers (AVIR)
- Canadian Association of Medical Radiation Technologists (CAMRT)
- College of Radiographers (CoR)
- International Society of Radiographers & Radiological Technologists (ISRRT)
- Radiology Business Management Association (RBMA)
- Section for Magnetic Resonance Technologists-International Society for Magnetic Resonance in Medicine (SMRT-ISMRM)
- Society of Nuclear Medicine Technologists Section (SNMTS)
- Society for Radiation Oncology Administrators (SROA)

2024 MEMBERSHIP PACKAGES AND BENEFITS		BASIC \$0*	STANDARD \$695	FULL ACCESS \$1,399
Year-Round Benefits	Online subscriptions to all five RSNA peer-reviewed journals and two legacy collections	✓ (No CME included)	✓	✓
	Free registration to all RSNA webinars	✓	✓	✓
	Discounted registration to RSNA Spotlight Courses	✓	✓	✓
	Unlimited access to RSNA EdCentral		✓	✓
	Complimentary access to CME credits and high-quality education in all subspecialties		✓	✓
	Comprehensive access to RSNA Case Collection™		✓	✓
	15% off article processing charge for open-access publishing			✓
Annual Meeting Benefits	Discounted 2024 RSNA annual meeting registration <i>Bonus: In-person member registration includes virtual access!</i> — OR —	\$550 — OR —	\$450 (Nearly 80% off non-member rate) — OR —	✓
	Virtual Only registration to the 2024 RSNA annual meeting	\$225	\$450 (50% off non-member rate)	
	Exclusive lounge access at the 2024 RSNA annual meeting with VIP benefits			✓

*RSNA offers reduced dues to members residing in low and low-middle income countries as defined by the World Bank List of Economies

RSNA Charge Authorization Form Rates valid through December 31, 2024

Select One Package: See above for category qualifications

- Basic \$0
- Standard \$695
- Full Access \$1,399
- Standard: Associate (non-physician) \$349

All Members:

- Add 3D Printing Special Interest Group (SIG) for \$40
- Add Donation to the R&E Foundation (Suggested Donation of \$10)

Checks must be drawn on a U.S. bank in U.S. dollars payable to RSNA. By sending your check to us, you authorize RSNA to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited the same day we receive your payment.

Mail to: **RSNA**
820 Jorie Blvd.
Suite 200
Oak Brook, IL 60523-2251

TEL 1-877-RSNA-MEM
Outside of U.S. & Canada 1-630-571-7873
customerservice@rsna.org

- Check # _____
- Amex
- Diner's Club
- Discover
- Mastercard
- Visa

AUTOMATIC MEMBERSHIP RENEWAL

- Yes, automatically renew my membership dues payment along with selected SIG and R&E Foundation donation options.

Total Amount _____ Expiration Date (Month/Year) _____ CVV _____

Card Number _____

Name as it appears on card _____

X _____
Cardholder Signature I authorize my credit card to be charged the total amount listed. If my fees are totaled incorrectly, RSNA will make the necessary adjustments and charge my credit card accordingly.

Membership extends January 1 through December 31, regardless of join date. Requests for a membership or subscription refund must be within 30 days of payment date. The member or subscriber forfeits the right to a refund if they have used benefits within the brief activated period.