

PLEASE TYPE OR PRINT:

- ▶ **Medical Students:** Please complete lines 1 through 4 and 6.
- ▶ **Residents/Fellows:** Please complete lines 1 through 4, 5 (*if applicable*) and 7 through 10.
- ▶ **Radiologic Scientist Students:** Please complete lines 1 through 3, 5, 9 (*if applicable*) and 10.

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)	<input type="checkbox"/> Male <input type="checkbox"/> 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:

Preferred Email	Primary Phone
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4. Medical Education/University:

Medical/University School Name	
Medical Degree	
_____/_____ Begin Date (Month/Year)	_____/_____ Completion Date (Month/Year)

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

Graduate School Name	
Graduate Degree	
_____/_____ Begin Date (Month/Year)	_____/_____ Completion Date (Month/Year)

6. 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

X _____
Dean of Medical School Signature

Date

Medical Student FREE*

- Add North American print journals for \$80
- Add international print journals for \$170

Qualifications

- Be enrolled in a medical school approved by the Liaison Committee for Medical Education or its equivalent.

Member-in-Training / Residents & Fellows FREE*

- Add North American print journals for \$80
- Add international print journals for \$170

Qualifications

- Physicians in an approved radiology, radiation oncology, or nuclear medicine residency training program or subspecialty fellowship.

Graduate Student FREE*

- Add North American print journals for \$80
- Add international print journals for \$170

Qualifications

- Be enrolled in an approved radiologic scientist or physics graduate school training program or subspecialty fellowship.

*Membership extends January 1 through December 31, regardless of join date.

7. Residency Training in Radiology:

Please indicate training program (select one) Diagnostic Radiology Nuclear Medicine Radiation Oncology

Institution Name: _____ Program Director's Full Name _____
City _____ State or Province _____ Country _____
Begin Date (Month/Year) _____ / _____ Anticipated Completion Date of Residency (Month/Year) _____ / _____

8. If you are board certified, please specify: Board _____ Year _____
(ABR, ABMP, ABNM, AOCC, FRCR®, Consejo Mexicano de Radiología e Imagen, FRCR, JBRE, other)

9. Fellowship:

Institution Name _____ Program Director's Full Name _____
City _____ State or Province _____ Country _____
Begin Date (Month/Year) _____ / _____ Anticipated Completion Date of Fellowship (Month/Year) _____ / _____

10. 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

X _____
Director of Current Residency/Fellowship Program Signature

Date

MEMBER BENEFITS

Advanced registration to the world's premier medical meeting

- 400+ Educational Courses
- 1,600 Oral Scientific presentations
- 2,500 Scientific and Education posters
- Hands-On Workshops featuring expert demonstrations
- Networking with colleagues from all over the world
- CME Credits

Includes subscriptions – 5 journals

- *Radiology*: The finest research and state-of-the-art reviews
- *RadioGraphics*: More than 1 million CME certificates awarded since 2002
- Three new online journals: *Radiology: Artificial Intelligence*, *Radiology: Cardiothoracic Imaging* and *Radiology: Imaging Cancer*

Online education resources to maintain your certification and enhance your career

- Comprehensive collection of continuing education opportunities
- Webinar opportunities

Career-advancing grant opportunities

- R&E grant recipients receive funding that fills a critical gap for investigators
- Surveys show that for every \$1 granted by the R&E Foundation, recipients receive 50 additional grant dollars as principal investigator or co-investigator from other sources such as the NIH
- In 2019 R&E Foundation's Board of Trustees approved funding of over \$5 million in grants

Informatics tools and technology to ease your workload

- *Radreport.org* – Reporting templates for consistent reporting
- RadLex®- standardized terms for radiology reporting
- RadElement – common data elements for reporting and decision support

Connections with colleagues from around the world

- Access to a network of medical professionals across the globe
- Make a difference, volunteer to serve on specialized committees

MEM798 KE

RSNA Charge Authorization Form

Select One (Optional) Print Journal Category: See reverse side for category qualification

- North America \$80
 International \$170

Rates valid through December 31, 2020

All Members:

- Add 3D Printing Special Interest Group for \$40

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.

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820 Jorie Blvd.
Oak Brook, IL 60523-2251

TEL 1-877-RSNA-MEM *Outside of U.S. & Canada* 1-630-571-7873
FAX 1-630-571-2198
membership@rsna.org

Check # _____ Amex Diner's Club Discover Mastercard Visa

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.