RSNA®
Radiological Society of North America

MEMBER-IN-TRAINING, MEDICAL STUDENT AND GRADUATE STUDENT MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT:

▸ Please complete all sections up to your level of training.

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. Medical Education/University:

Medical/University School Name ____

____ / ____ Begin Date (Month/Year)

____ / ____ Completion Date (Month/Year)

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

Graduate School Name ____

____ / ____ 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

X ____ Dean of Medical School Signature

Date ____

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. Current Position: *(choose one)*

Medical Student FREE*
- Add North American print journals
- Add international print journals

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
- Add international print journals

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
- Add international print journals

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.

9. If you are board certified, please specify:

Board ______________________________ Year ____________

(ABR, ABMP, ABNM, AOCR, FRCP©, Consejo Mexican de Radiologia e Imagen, FRCR, JBRE, other)

10. Fellowship:

Institution Name

Program Director's Full Name

City

State or Province

Country

_______ / _______
Begin Date (Month/Year)

_______ / _______
Anticipated Completion Date of Fellowship (Month/Year)

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

X
Director of Current Residency/Fellowship Program Signature

Date

MEMBER BENEFITS

RSNA membership is free for medical students, graduate students and residents and fellows. You get over $1,800 worth of value for free when you join RSNA.

YOU'LL GET:

Variety of trainee, online and in-person education
- Trainee resources: Physics Modules, Core Exam prep, Resident and Fellow Symposium
- Online: Hundreds of opportunities to earn CME and SA-CME
- In-person: Discounted webinars, Spotlight Courses and workshops

Career advancing grant opportunities
- Critical grant funding: RSNA R&E Foundation grant recipients receive funding that fills a critical gap for investigators
- Advancing radiologic science: For every $1 granted by the Foundation, recipients receive 50 additional grant dollars from other sources such as the NIH
- Investing in radiology's future: In 2021 R&E Foundation's Board of Trustees approved funding of over $4 million in grants

Support to build your career and CV
- Microvolunteering opportunities
- Networking
- Volunteerism
- RSNA Case Collection
- Practice tools

Subscriptions to industry-leading journals
- *RadioGraphics*
- *Radiology*
- *Radiology: Artificial Intelligence*
- *Radiology: Cardiothoracic Imaging*
- *Radiology: Imaging Cancer*

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, 2022

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.

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
FAX 1-630-571-2198
customerservice@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

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