RSNA®
Radiological Society of North America

FULL MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT:

▸ **Associate Non-Physicians:** Please complete lines 1 through 3, 5, (*if applicable*) review 8, complete 9 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) ☐ 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:

Preferred Email _____ Primary Phone _____

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 _____

Medical Degree _____

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

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

Graduate School Name _____

Graduate Degree _____

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

6. Residency Training in Radiology:

Institution Name _____

Program Director's Full Name _____

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

Fellowship Training:

Institution Name _____

Program Director's Full Name _____

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

EMAIL, FAX OR MAIL REQUIRED COPY OF YOUR CURRICULUM VITAE

Active (Board-certified North America) $590*
Includes print and online journals

International Members $590*
Add print journals for $90

Qualifications
- Radiologists
- Radiation Oncologists
- Medical Physicists
- Nuclear Medicine Physicians
- Radiologic Scientists (Researchers)

Associate (Board-eligible) $590*
Includes print and online journals

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

Associate (Non-Physician) $295*
Add print journals for $80

Qualifications
- Administrators/Business Managers (Hospital/Radiology/Radiation Oncology)
- Architects
- Assistants (Physician/Radiologist)
- Bio-Medical Engineers
- 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.

7. Subspecialty Areas of Interest: Mark **one circle** to indicate primary specialty. Mark **all** applicable squares for areas of interest.

- ○☐ Breast (Imaging & Interventional)
- ○☐ Cardiac Radiology
- ○☐ Chest Radiology
- ○☐ Computed Tomography
- ○☐ Diagnostic Radiology
- ○☐ Education
- ○☐ Emergency Radiology
- ○☐ Gastrointestinal Radiology
- ○☐ Genitourinary Radiology
- ○☐ Head & Neck
- ○☐ Health Policy
- ○☐ Informatics
- ○☐ Interventional
- ○☐ Leadership & Management
- ○☐ Magnetic Resonance Imaging
- ○☐ Molecular Imaging
- ○☐ Musculoskeletal Radiology
- ○☐ Neuroradiology
- ○☐ Nuclear Medicine
- ○☐ OB/GYN
- ○☐ Oncologic Imaging
- ○☐ Pediatric Radiology
- ○☐ Physics & Basic Science
- ○☐ Professionalism (Including Ethics)
- ○☐ Radiation Oncology
- ○☐ Research & Statistical Methods
- ○☐ Safety & Quality
- ○☐ Ultrasound
- ○☐ Vascular
- ○☐ Other

8. 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 Society of Radiologic Technologists (ASRT)
Association of Educators in Imaging and Radiologic Sciences, Inc. (AEIRS)
Association for Medical Imaging Management (AHRA)
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)

9. Practice Location:

Please Select One: ☐ Academic Setting ☐ Private Practice ☐ Other

Practice _____ (Name of University, Hospital, or Practice) _____ (City) _____ (State or Province)

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)

Opt for online only journals ☐ *Radiology* ☐ *Radiographics* ☐ *RSNA News* By opting for online publications only, you will not receive print copies of the publication(s) indicated.

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 online 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

Rates valid through December 31, 2020

Select One Category: *See reverse side for category qualification*

- ☐ Active (Board-certified North America) $590
- ☐ International Members $590
  - ☐ Add print journals for $90
- ☐ Associate (Board-eligible) $590
- ☐ Associate (Non-Physician) $295
  - ☐ Add print journals for $80

All Members:

- ☐ Add 3D Printing - Special Interest Group for $40
- ☐ Add Donation to the R&E Foundation *(Suggested Donation of $300)*

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.
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

AUTOMATIC MEMBERSHIP RENEWAL

☐ Yes, automatically renew my membership dues payment beginning in 2021

_____ (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