

PLEASE TYPE OR PRINT:

► **Associate Non-Physicians:** Please skip sections 4, 6, and 7.

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)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Spouse/Life Partner's First Name	_____ Middle	_____ Last Name (Family Name)	_____ Prefix (Dr., Mr., Mrs., Ms.)

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
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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 Radiología 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

_____/_____
Begin Date (Month/Year)

_____/_____
Completion Date (Month/Year)

Fellowship Training:

Institution Name

_____/_____
Begin Date (Month/Year)

_____/_____
Completion Date (Month/Year)

EMAIL, FAX OR MAIL REQUIRED COPY OF YOUR CURRICULUM VITAE

Active (Board-certified North America) \$615*

Includes print and online journals

International Members \$615*

Add print journals for \$90

Qualifications

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

Associate (Board-eligible) \$615*

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) \$308*

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. Profession Specialty, Primary Specialty, and Areas of Interest

Profession Specialty (choose one)

- Diagnostic Radiology Radiation Oncology Nuclear Medicine
 Interventional Radiology Medical Sciences Other

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

- | | |
|--|---|
| <input type="checkbox"/> Artificial Intelligence | <input type="checkbox"/> Magnetic Resonance Imaging |
| <input type="checkbox"/> Biomarkers/Quantitative Imaging | <input type="checkbox"/> Molecular Imaging |
| <input type="checkbox"/> Breast (Imaging & Interventional) | <input type="checkbox"/> Musculoskeletal Radiology |
| <input type="checkbox"/> Cardiac Radiology | <input type="checkbox"/> Neuroradiology |
| <input type="checkbox"/> Chest Radiology | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Computed Tomography | <input type="checkbox"/> OB/GYN |
| <input type="checkbox"/> Education | <input type="checkbox"/> Oncologic Imaging |
| <input type="checkbox"/> Emergency Radiology | <input type="checkbox"/> Pediatric Radiology |
| <input type="checkbox"/> Fluoroscopy | <input type="checkbox"/> Physics & Basic Science |
| <input type="checkbox"/> Gastrointestinal Radiology | <input type="checkbox"/> Professionalism (Including Ethics) |
| <input type="checkbox"/> Genitourinary Radiology | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Head & Neck | <input type="checkbox"/> Research & Statistical Methods |
| <input type="checkbox"/> Health Policy | <input type="checkbox"/> Safety & Quality |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Interventional Radiology | <input type="checkbox"/> Vascular |
| <input type="checkbox"/> Leadership & Management | <input type="checkbox"/> 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

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

MEMBER BENEFITS

RSNA dues are a worthwhile investment! You save more than \$1,200 on all of your benefits when you join RSNA

FOR LESS THAN \$2 A DAY, YOU'LL GET:

Subscriptions to industry-leading journals

- *Radiology*:
- *RadioGraphics*
- *Radiology: Artificial Intelligence*
- *Radiology: Cardiothoracic Imaging*
- *Radiology: Imaging Cancer*

Variety of online and in-person education

- 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 2020 R&E Foundation's Board of Trustees approved funding of over \$4 million in grants

Support to help you build, maintain and grow your practice

- RSNA Case Collection
- Practice tools
- Microvolunteering opportunities
- Networking
- Volunteerism

RSNA Charge Authorization Form

Rates valid through December 31, 2021

Select One Category: See reverse side for category qualification

- | | |
|---|--|
| <input type="checkbox"/> Active (Board-certified North America) \$615 | <input type="checkbox"/> Associate (Board-eligible) \$615 |
| <input type="checkbox"/> Add print journals for Free (North America) | <input type="checkbox"/> Add print journals for Free (North America) |
| <input type="checkbox"/> International Members \$615 | <input type="checkbox"/> Associate (Non-Physician) \$308 |
| <input type="checkbox"/> Add print journals for \$90 | <input type="checkbox"/> 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.
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

AUTOMATIC MEMBERSHIP RENEWAL

Yes, automatically renew my membership dues payment beginning in 2022

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