

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) \_\_\_\_\_  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<sup>®</sup>, Consejo Mexican de Radiología 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. 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    |   |

**8. Current Position:** (choose one)

**Active (North America)**

Or  
**International Members**

**Qualifications**

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

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

**Associate (North America)**

**Qualifications**

Eligible for board certification with ABR or board of equivalent rank

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

**Associate (Non-Physician)**

**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.

**9. Verification Documents Required:**

- a. All Active and Associate applicants must provide a curriculum vitae.
- b. The Professional Licensure for Associate (Non-Physician) Members section.

**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 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)

**11. Practice Location:**

Please Select One:  Academic Setting  Private Practice  Other

**12. 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:**

**Online 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: The RSNA Research & Education (R&E) Foundation invests in the future of radiology by developing investigators and supporting lifelong innovative research and education
- Advancing radiologic science: Since the R&E Foundation's inception in 1984, it has awarded over \$70 million in grant funding to support more than 1,600 investigators
- Investing in radiology's future: In 2022, the R&E Foundation's Board of Trustees approved funding of over \$4 million in grants, achieving a funding rate of 42% of grant applications

**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, 2023

Select One Category: See above for category qualifications

- Active (Board-certified North America) \$695
- Associate (Board-eligible) \$695
- International Members \$695
- Associate (Non-Physician) \$348

**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 2024

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*