RSNA®
Radiological Society of North America

COMPLIMENTARY BASIC MEMBERSHIP PACKAGE APPLICATION

Scan QR code to see eligible countries.

PLEASE TYPE OR PRINT:

▸ **Associate Non-Physicians:** Please skip sections 4, 6, and 8.

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

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©, Consejo Mexican de Radiologia 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. Practice Location:

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

8. 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

○☐ 3D Printing
☐ Artificial Intelligence
☐ Biomarkers/Quantitative Imaging
○☐ Breast (Imaging & Interventional)
○☐ Cardiac Radiology
○☐ Chest Radiology
☐ Computed Tomography
☐ Education
○☐ Emergency Radiology
☐ Fluroscopy
○☐ Gastrointestinal Radiology
○☐ Genitourinary Radiology
○☐ Head & Neck
☐ Health Policy
☐ Informatics
☐ Interventional Radiology
☐ 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
○ Not Applicable

9. Current Position: *(choose one)*

All Member and Associate applicants must provide a curriculum vitae.

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

Associate
Qualifications
- ○ Physicians (non-radiologists)
- ○ Dentists
- ○ Veterinarians
- ○ Computer Scientists (medical imaging sciences)
- ○ Patient Care facility administrators and executives

Associate (Non-Physician)
Qualifications
- ○ Advanced Practice Providers
- ○ Architects
- ○ Assistants (Physician/Radiologist)
- ○ Bio-Medical Engineers
- ○ Educators
- ○ Medical Dosimetrists
- ○ Nurse Practitioners
- ○ Radiation Therapists
- ○ Radiographers
- ○ Radiology Practice Managers
- ○ Registered Nurses
- ○ Sonographers
- ○ Technologists (Radiologic/Nuclear Medicine)

10. Professional Licensure for Associate (Non-Physician) 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 Registry of Radiologic Technologists (ARRT)
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)
Society for Radiation Oncology Administrators (SROA)

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

2027 MEMBERSHIP PACKAGES AND BENEFITS

		BASIC $0*	STANDARD $790	FULL ACCESS $1,580
Year-Round Benefits	Online subscriptions to all six RSNA peer-reviewed journals and two legacy collections	✓ (No CME included)	✓	✓
	Free registration to all RSNA webinars	✓	✓	✓
	Discounted registration to RSNA Spotlight Courses	✓	✓	✓
	Unlimited access to RSNA EdCentral		✓	✓
	Complimentary access to CME credits and high-quality education in all subspecialties		✓	✓
	Comprehensive access to RSNA Case Collection™		✓	✓
	15% off article processing charge for open-access publishing			✓
Annual Meeting Benefits	Discounted 2027 RSNA annual meeting registration ***Bonus**: In-person member registration includes virtual access!* — OR — Virtual Only registration to the 2027 RSNA annual meeting	$640** — OR — $265**	$525** *(Nearly 80% off non-member rate)* — OR — $525** *(50% off non-member rate)*	✓
	Exclusive lounge access at the 2027 RSNA annual meeting with VIP benefits			✓

***Price valid through Oct. 1*

RSNA Charge Authorization Form

Rates valid through December 31, 2027

Select One Package: *See above for category qualifications*
- ☐ Basic $0
- ☐ Standard $790
- ☐ Full Access $1,580
- ☐ Standard: Associate (non-physician) $395

All Members:
- ☐ Add 3D Printing Special Interest Group (SIG) for $40
- ☐ Add Donation to the R&E Foundation *(Suggested Donation of $10)*

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 1-630-571-2670
customerservice@rsna.org

☐ Check #_____ ☐ Amex ☐ Diner's Club ☐ Discover ☐ Mastercard ☐ Visa

AUTOMATIC MEMBERSHIP RENEWAL
☐ Yes, automatically renew my membership dues payment along with selected SIG and R&E Foundation donation options.

_____ _____/_____ _____
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*

Membership extends January 1 through December 31, regardless of join date. Requests for a membership or subscription refund must be within 30 days of payment date. The member or subscriber forfeits the right to a refund if they have used benefits within the brief activated period.