RSNA®
Radiological Society of North America

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

Learn more at ***RSNA.org/Join***

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

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. Medical and Graduate Student Applicants: 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 _____ Dean of Medical School Signature

Date _____

7. Residency Training in Radiology:

Please indicate training program (select one) ☐ Diagnostic Radiology ☐ Nuclear Medicine ☐ Radiation Oncology ☐ Interventional Radiology

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

Qualifications

○ Be enrolled in a medical school meeting such criteria as approved by the Board of Directors.

Members-in-Training / Residents & Fellows

Qualifications

○ Possess the degree of Doctor of Medicine or Doctor of Osteopathy or their equivalent as recognized by the Board of Directors and have initiated and be continuing in a formal radiology training program.

Graduate Student

Qualifications

○ Be a student enrolled in an accredited graduate program as determined by the Board of Directors.

***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. Resident and Fellow Applicants: 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

2027 TRAINEE MEMBERSHIP BENEFITS

		STANDARD $0
Year-Round Benefits	Online subscriptions to all six RSNA peer-reviewed journals and two legacy collections Includes *RadioGraphics* Core Exam Prep	✓
	Free registration to all RSNA webinars	✓
	Discounted registration to RSNA Spotlight Courses	✓
	Unlimited access to RSNA EdCentral	✓
	Complimentary access to CME activities and high-quality education in all subspecialties, including Physics Modules	✓
	Comprehensive access to RSNA Case Collection™	✓
	Access to career support, grant and volunteer opportunities	✓
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	$105* — OR — $105*

**Price valid through Oct. 1*

RSNA Charge Authorization Form

All Members:

☐ Add 3D Printing Special Interest Group for $40

☐ Add Donation to the R&E Foundation (Suggested Donation of $50)

Rates valid through December 31, 2027

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

_____ 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