RSNA 3D SPECIAL INTEREST GROUP (SIG) AFFILIATE MEMBER

PLEASE TYPE OR PRINT:

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 or company name and department)

Institution or Company Name/Department

Address

City | State or Province | ZIP/Postal Code | Country

3. Contact Information:

Email Address | Phone Number

RSNA Charge Authorization Form

☐ 2024 Rate: $735

Payment by Check:
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**
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Suite 200
Oak Brook, IL 60523-2251

TEL 1-877-RSNA-MEM
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*Membership to the SIG 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.

AUTOMATIC MEMBERSHIP RENEWAL
☐ Yes, automatically renew my membership dues payment beginning in 2025

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