

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 publi	ished	Birthdate (Month/Day/Year)	☐ Male ☐ Female ☐ Non-Binary ☐ Prefer Not to Answ	
•	or Alaskan Native □ Asian □ Black or African American □ H or Other Pacific Islander □ White □ Other □ Prefer Not to Ar			
Address Type	□ Office			
2. Address: (If you indic	ate an office address, please provide the institution or co	ompany name and department		
Institution or Company Name/	/Department			
Address				
City	State or Province ZII	P/Postal Code	Country	
Email Address		Phone Number		
RSNA Charge Author	ization Form			
□ 2026 Rate: \$795				
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.		AUTOMATIC MEMBERSHIP Yes, automatically renew my	RENEWAL membership dues payment beginning in 2027	
Mail to: RSNA 820 Jorie Blvd.	TEL 1-877-RSNA-MEM Outside of U.S. & Canada 1-630-571-7873	Payment by Credit Card:		
Suite 200 Oak Brook, IL 60523-2251	customerservice@rsna.org	□ Check # □ Amex	□ Diner's Club □ Discover □ Mastercard □ Visa	
*Membership to the SIG ext	ends 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.		Total Amount	Expiration Date (Month/Year) CVV	
			Card Number	
		Name as it appears on card		
		Cardholder Signature lautho	rize my credit card to be charged the total amount listed. If my fees are totaled incorrect will make the necessary adjustments and charge my credit card accordingly	