The Radiological Society of North America (RSNA) is a professional membership organization devoted to developing the highest standards of radiology and related sciences through education and research. Members are radiologists, radiation oncologists, medical physicists, nuclear medicine physicians, radiologic scientists, dentists, physicians (non-radiologists) and veterinarians.

Online subscriptions

- **RadioGraphics**
  - The journal of continuing medical education in radiology
- **Radiology**
  - The most clinically relevant, highest-quality science in radiology
- **RSNA News**
  - Up-to-date news about radiologic research, education and RSNA programs

Highest-quality education resources

RSNA members have access to the most current, peer-reviewed education materials in radiology to help them remain at the top of their field.

› *Education.RSNA.org*

Free opportunities for CME credit

Learn about RSNA Research and Education Foundation grants and eligibility requirements.

**Find information at RSNA.org/Grants-and-Awards.**

Find out how RSNA is helping more than 54,000 of your colleagues maintain their professional edge.

**Join today.**

*Apply online at RSNA.org/Apply.*
Annual Membership Dues

The Radiological Society of North America (RSNA) is pleased to offer reduced membership dues to eligible members or applicants in certain areas of the world, allowing easy access to training and education in radiology. Membership is at the reduced rate of $50.

Your membership benefits will include online access to all areas of the RSNA website, including the RSNA online journals *Radiology* and *RadioGraphics* and our monthly newsletter—*RSNA News*. **This reduced membership fee does not include RSNA annual meeting registration.**

Membership cycle runs January 1 to December 31. Dues rates good through December 31.

Online journal access is an RSNA benefit provided free to members. By signing this application, you agree to protect this benefit from misuse by accessing the journals for your personal use only. Please safeguard your user name and password.

Instructions for Application

- Fill in required information.
- Sign line 12.
- Forward your completed application, dues payment and updated *curriculum vitae* to RSNA at the address below.
- Or apply online at [RSNA.org/Apply](http://RSNA.org/Apply).

Procedure for Admission

1. Once received, your application will be reviewed by RSNA.
2. New applicants’ names will be published online for review by members.
3. You will be notified in 6 to 8 weeks about your membership status.
Membership Application
(Discounted Membership Dues Option)

Please type or print

1. First Name: ___________________________________________ Middle Name: _________________________________

   Last Name (Family name): __________________________________________________________________________

   Academic Degrees/Credentials to be published (Max. of 2): _______________________________________________

   Birthday (Month/Day/Year): ___ / ____ ☒ Male ☐ Female

   Spouse/Life Partner’s Name: ___________________________ Prefix (Dr., Prof., Mr., Mrs., Ms.): ______

   Specialty: __________________________________________ ☒ Academic Setting ☐ Private Practice ☐ Other

   Primary Activity: ☐ Basic Research ☐ Clinical ☐ Teaching (Please Select One)

   Where do you prefer to receive your correspondence? ☐ Home ☐ Office

2. (i.e., Diagnostic Radiology, Radiation Oncology, Medical Physics) (Please Select One)

3. Address:
   (If you indicate an office address, be sure to provide the institution name and department)

   ________________________________________________________________________________________________

   ________________________________________________________________________________________________

   City: ___________________________ State or Province: _____________ ZIP/Postal Code: _____________

   Country: _______________________________________________________________________________________

5. Contact Information:

   Home Phone: ___________________________ Email: ___________________________

   Office Phone: _______________________ Ext. ___ Cell Phone: __________________ Fax: __________________

6. If you are board certified, please specify:

   Board: __________________________________________________________________ Year: _____________

   (ABR, ABMP, ABNM, AOCR, FRCP®, Consejo Mexicano de Radiologia e Imagen, FRCR, JBR, other)

7. Medical Education/University:

   Medical School Name: ___________________________________________________________________________

   City: ___________________________ State or Province: _____________ Country: _________________________

   Begin Date (Month/Year): _______ Completion Date (Month/Year): _______ Degree/Medical Degree: ______

8. Graduate Education (i.e., Master or Doctorate Degree):

   Graduate School Name: ___________________________________________________________________________

   City: ___________________________ State or Province: _____________ Country: _________________________

   Begin Date (Month/Year): _______ Completion Date (Month/Year): _______ Graduate Degree: ___________
9. Residency Training in Radiology:
   Institution Name: ____________________________________________
   City: __________________________ State or Province: ____________ Country: ________________
   Program Director’s Full Name: ____________________________________________
   Begin Date (Month/Year): __________________________ Completion Date of Residency: ________________

10. Fellowship:
   Institution Name: ____________________________________________
   City: __________________________ State or Province: ____________ Country: ________________
   Program Director’s Full Name: ____________________________________________
   Begin Date (Month/Year): __________________________ Completion Date of Fellowship: ________________

11. Subspecialty Areas of Interest: Mark one circle to indicate primary specialty. Mark all applicable squares for areas of interest.
   - Breast Imaging and Interventional
   - Cardiac Radiology
   - Chest Radiology
   - Computed Tomography
   - Diagnostic Radiology
   - Education
   - Emergency Radiology
   - Gastrointestinal Radiology
   - Genitourinary Radiology
   - Head & Neck
   - Health Policy
   - Informatics
   - Interventional
   - 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

12. I agree to abide by the current bylaws and any revisions 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 termination of the membership.

   ________________________________________________________________  ______________________________
   Signature of Applicant             Date