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.

Associate Members are dentists; board-eligible medical physicists, nuclear medicine physicians, radiation oncologists and radiologists; non-radiologist physicians; radiologic scientists; and veterinarians. Associate Members also include administrators/business managers (hospital/radiation oncology/radiology), architects, assistants (physician and radiologist), educators, medical dosimetrists, nurse practitioners, radiation therapists, radiographers, registered nurses, sonographers and technologists (radiologic/nuclear medicine). Associate Members are provided with many valuable benefits, including:

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

Free admission to the world’s premier radiology meeting

Free opportunities for AMA PRA CME Category 1 Credits™ and SAMs, as well as ARRT® Category A+ CE Credits

... Plus much more. See RSNA.org/Membership/benefits.cfm

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A personal homepage to store files, bookmarks and searches, accessible from any computer

Find out how RSNA is helping more than 46,000 of your colleagues maintain their professional edge.

Join today. Apply online at RSNA.org/apply.
Annual Membership Dues

Membership dues are established by the RSNA Board of Directors. Dues must accompany application when submitted. RSNA dues are:

**Associate Members who reside in North America**
Dentists; board-eligible medical physicists, nuclear medicine physicians, radiation oncologists, and radiologists; non-radiologist physicians; radiologic scientists; and veterinarians.
(Includes individual print and online journal access) **$415.00**

Administrators/business managers (hospital/radiation oncology/radiology), architects, assistants (physician and radiologist), educators, medical dosimetrists, nurse practitioners, radiation therapists, radiographers, registered nurses, sonographers and technologists (radiologic/nuclear medicine)
(Includes individual online only journal access) **$207.00**
(Optional print journals added—North America) **$287.00**
(Optional print journals added—Outside North America) **$297.00**

Membership cycle runs January 1–December 31
Dues rates good through December 31, 2011

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

Complete the attached application. Please type or print.
**Membership application must be received by September 1 in order to attend RSNA 2011 as a member.**

- Fill in required information.
- Sign line 10.
- Forward to RSNA at the address below your completed application, dues payment and updated curriculum vitae/resume, photocopy of current license, certification or current verification of membership in one of the RSNA Associated Sciences Consortium organizations.
- Or apply online at 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 6–8 weeks about your membership status.

Periodical rate postage regulations require that we allocate a portion of membership dues to our journals. For Associate Members, the allocation is $183.00 for *Radiology*, $98.00 for *RadioGraphics* and $10.00 for *RSNA News*. All members must pay full dues. No arrangements can be made for partial payment of dues.
1. **First Name:** ___________________________________________ **Middle:** ___________________________________________

   **Last Name (Family name):** ___________________________________________ **Generation (Sr., Jr., II, III, IV):** ________

   **a. Professional Degree(s):** (Select up to two)
   - B.Arch.  D.V.M.  Ph.D.
   - B.S.  M.Arch.  R.A.
   - B.S.N.  M.B.  R.N.
   - C.M.D.  M.D.  R.T.
   - D.O.  M.S.  Other ________ (specify)

   **b. Membership category for which you are applying:** (Select one)
   - Administrators/Business Managers (Hospital/Radiology/Radiation Oncology)
   - Architects
   - Assistants (Physician and Radiologist)
   - Dentists
   - Educators
   - Medical Dosimetrists
   - Non-radiologist Physicians
   - Nurse Practitioners
   - Radiation Therapists
   - Radiographers
   - Radiologic Scientists
   - Radiologists (board eligible)
   - Registered Nurses
   - Sonographers
   - Technologists (Radiologic/Nuclear Medicine)
   - Veterinarians
   - Other

2. **Birthdate (Mo/Day/Year):** __________

   - Male  Female

   **Spouse/Partner’s name:** ___________________________________________

   **Prefix (Dr., Mr., Mrs., Ms.):** ________

   **Hospital Setting**  **Academic Setting**  **Private Practice**

3. **Where do you prefer to receive your journals and correspondence?**  
   - Home  Offic
   - Opt for online only journals
   - Radiology
   - Radiographics

   **Disclaimer:** By opting for online publications only, you will no longer receive print copies of the publication(s) indicated.

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

   ____________________________________________
   ____________________________________________
   ____________________________________________

   **City:** _______________________ **State or Province:** ______________ **ZIP (ZIP+4) Postal Code:** ______________

   **Country:** _______________________________________________________________________________________

5. **Contact Information:**

   **Home Phone:** _______________________ **E-mail:** ___________________

   **Office Phone:** _______________________ **Ext. _________**  **Fax:** ___________________

6. **Degrees and Educational Training:**

   **Degrees:**  **School (Name):**  **Year (Completion):**

   ____________________________________________  __________________________________  ________________________
   ____________________________________________  __________________________________  ________________________
   ____________________________________________  __________________________________  ________________________

   **Internship in ____________________________ at ___________________________  ________________________**

   **Residency 1 ____________________________ at ___________________________  ________________________**

   **Residency 2 ____________________________ at ___________________________  ________________________**

   **Fellowship 1 ____________________________ at ___________________________  ________________________**

   **Resident 2 ____________________________ at ___________________________  ________________________**

   **Fellowship 2 ____________________________ at ___________________________  ________________________**

   **Continued on next page**
6. Professional Activity:  □ Clinical  □ Basic Research  □ Both

7. Practice Location:

- University
  Name of University  City  State
- Hospital
  Name of Hospital  City  State
- Freestanding
  Name of Practice  City  State

8. Professional Licensure

Must be a current member in one of the RSNA Associated Sciences Consortium organizations. Please provide a copy of member verification.

ARCHITECTS, EDUCATORS, HOSPITAL AND RADIOLOGY ADMINISTRATORS, RADIOLOGY BUSINESS MANAGERS, RADIOLOGIST ASSISTANTS, RADIOLOGIC TECHNOLOGISTS
American Institute of Architects-Academy of Architecture for Health (AIA-AAH)
American Society of Radiologic Technologists (ASRT)
Association for Medical Imaging Management (AHRA)
Association for Radiologic and Imaging Nurses (ARIN)
Association of Educators in Imaging and Radiologic Sciences, Inc (AERIS)
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-ISMIRM)
Society of Nuclear Medicine Technologists Section (SNMTS)

Certifications

Please provide a current copy of certificate from one of the following.

DENTISTS
American Board of General Dentistry

MEDICAL DOSIMETRISTS
Medical Dosimetrists Certification Board

REGISTERED NURSES, NURSE PRACTITIONERS
Current copy of appropriate state board of nursing licensure

PHYSICIANS, PHYSICISTS, RADIOLOGIC SCIENTISTS (board eligible)
American Osteopathic Board of Radiology
American Board of Oral and Maxillofacial Radiology
Member boards of the American Board of Medical Specialties

PHYSICIAN ASSISTANTS
National Commission on Certification of Physician Assistants

SONOGRAPHERS
American Registry for Diagnostic Medical Sonography

VETERINARIANS
American College of Veterinary Radiology

9. Current Society Memberships

Please list:

______________________________  _______________________________  ______________________________

10. 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.

______________________________  ______________________________
Signature of Applicant  Date

RSNA CHARGE AUTHORIZATION FORM

Rates good through December 31, 2011

Total Amount

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
---|---|---|---|---|---|---|---|---|---|---|---|---|---|
Card Number

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Month  Year

Expiration Date

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Signature  Name as it appears on card

RSNA  1-877-RSNA-MEM, outside of U.S. & Canada  1-630-571-7873
820 Jorie Blvd.  1-630-571-7837
Oak Brook, IL 60523-2251  membership@rsna.org

Updated 10/10