

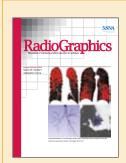
# Medical Student Application



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.

Medical student membership is open to students residing in and enrolled in a medical school in a North American country. Medical Student Members are provided with many <u>valuable</u> <u>benefits</u>, including:

#### Free online subscriptions



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 opportunity for continuing education

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



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.

### Medical Student Membership Requirements, Rights and Privileges

Each Medical Student applicant must reside in and be enrolled in a medical school in a North American country. The medical school must be approved by the Liaison Committee for Medical Education or its equivalent.

Medical Student members shall have certain rights and privileges as determined by the RSNA Board of Directors.

#### **Annual Membership Dues**

#### Medical Student Membership (North America)

(Includes individual <u>online only</u> journal access) (Optional print journals added)

FREE \$80.00

Membership cycle runs January 1-December 31 Print journal rate 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 October 15 in order to attend RSNA 2011 as a member.

- Fill in required information.
- Sign line 5.
- Obtain signature of the dean of your medical school (line 5).
- Forward your completed application to RSNA at the address below.
- Apply online at *RSNA.org/apply*.

#### **Procedure for Admission**

- 1. Once received, your application will be reviewed by RSNA.
- 2. You will be notified in 45 to 60 days about your membership status.





# Medical Student Membership Application

RCVD	ACKN
Rec Date: ACCTG	DM MBR
RTG	ADM (Mo/Day/Year)
Member Number	

Please type or print

1.	Name:		Middle:	
	Last Name (Family name):		Generation (Sr., Jr., II, III, IV):	
	Degrees to be published (Max.	of 2):		
	Birthdate (Mo/Day/Year):	× Male × Female		
	Spouse/Partner's name:		Prefix (Dr., Mr., Mrs., Ms.):	
2.	Address:			
	City:	State or Province:	ZIP (ZIP+4) Postal Code:	
	Country:			
3.	Contact Information:			
	Phone:	E-mai	l:	
	Fax:			
4.	Medical Education:			
	Medical School:			
	City:	State or Province	Country:	
	Date Started (Month/Year):	Anticipated	Date of Completion (Month/Year):	
5.		and complete to the best of my knowledge	<b>eOf:</b> and belief, and understand that any willfully false statement is sufficient cause fo	
	Signature of Applicant		Signature of Dean of Medical School	
	Date			

RSNA CHARGE AUTHORIZATION FORM	Rates good through December 31, 2011
Total Amount	<ul><li>✓ Membership (Free of charge)</li><li>✓ Journals (Print subscription) \$80.00</li></ul>
Card Number  Month Year  Expiration Date	<ul><li>VISA</li><li>✓ Discover</li><li>✓ MasterCard</li><li>✓ Diners Club</li><li>✓ AMEX</li></ul>
Signature Na	ame as it appears on card

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 Phone: 1-877-RSNA-MEM, outside of U.S. & Canada 1-630-571-7873