MEMBER-IN-TRAINING AND MEDICAL STUDENT
MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT:

1. Personal Information:

- First Name
- Middle
- Last Name (Family Name)
- Generation (Sr., Jr., II, III, IV)
- Academic Degrees/Credentials to be published, 2 maximum
- Birthdate (Month/Day/Year)
- Male
- Female

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

- Institution Name/Department
- Address
- City
- State or Province
- ZIP/Postal Code
- Country

3. Contact Information:

- Primary Phone
- Preferred Email
- Office Phone

4. Medical Education/University:

- Medical School/University Name
- Degree/Medical Degree
- City
- State or Province
- Country
- Begin Date (Month/Year)
- Completion Date (Month/Year)

5. 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.

X Applicant Signature

X Dean of Medical School Signature

Date

Date

Medical Student FREE*

- Add print journals for $80
- Add 3D Printing Special Interest Group for $40

Qualifications:
- Be residing in North America and enrolled in a North American medical school approved by the Liaison Committee for Medical Education or its equivalent.

Member-in-Training / Residents & Fellows FREE*

- Add print journals for $80
- Add 3D Printing Special Interest Group for $40

Qualifications:
- Physicians in an approved residency training program or subspecialty fellowship
- Radiologic scientist students in an approved training program or subspecialty fellowship

International Member-in-Training / Residents & Fellows FREE*

- Add print journals for $170
- Add 3D Printing Special Interest Group for $40

Qualifications:
- Physicians in an approved residency training program or subspecialty fellowship
- Radiologic scientist students in an approved training program or subspecialty fellowship

*Membership extends January 1 through December 31, regardless of join date.
6. Graduate Education: (i.e., Master or Doctorate Degree) - If applicable

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<th>Graduate School Name</th>
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7. Residency Training in Radiology:

Please indicate training program (select one)  
- ☐ Diagnostic Radiology  
- ☐ Nuclear Medicine  
- ☐ Radiation Oncology

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<th>Program Director’s Full Name</th>
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Begin Date (Month/Year)  
Anticipated Completion Date of Residency (Month/Year)

8. If you are board certified, please specify:

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(ABR, ABMP, ABNM, AOCR, FRCP©, Consejo Mexican de Radiologia e Imagen, FRCR, JBRE, other)

9. Fellowship:

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Begin Date (Month/Year)  
Anticipated Completion Date of Fellowship (Month/Year)

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.

X Applicant Signature

X Director of Current Residency/Fellowship Program Signature

Date

Date

RSNA Charge Authorization Form

Select One (Optional) Print Journal Category: See reverse side for category qualification

☐ Medical Student $80  
☐ Resident/Fellow North America $80  
☐ Resident/Fellow International $170  
☐ Add 3D Printing - Special Interest Group $40

Rates valid through December 31, 2017

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  
820 Jorie Blvd.  
Oak Brook, IL 60523-2251

TEL 1-877-RSNA-MEM  
Outside of U.S. & Canada 1-630-571-7873  
FAX 1-630-571-2198  
membership@rsna.org

☐ Check # ______  
☐ Amex  
☐ Diner’s Club  
☐ Discover  
☐ Mastercard  
☐ Visa

Total Amount  
Expiration Date (Month/Year)

Card Number

Name as it appears on card

X Cardholder Signature  
I authorize my credit card to be charged the total amount listed. If my fees are totaled incorrectly, RSNA will make the necessary adjustments and charge my credit card accordingly.