

# Group Membership Application



Mail to ASRT,  
15000 Central Ave. SE,  
Albuquerque, NM 87123-3909



Call ASRT at 800-444-2778  
or 505-298-4500



Questions? Email  
memberservices@asrt.org

STEP 1

## Member Information Please print.

First Name  M.I.  Last Name

Make sure your name and date of birth are identical to what is on file with the ARRT. Your Category A and A+ CE credits will be transferred directly to ARRT.

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

STEP 2

## Certifications Select all current certifications that apply.

Date You Were Originally Certified (mm/yy) \_\_\_\_/\_\_\_\_

**ARRT** Number \_\_\_\_\_  **ARDMS** Number \_\_\_\_\_  **NMTCB** Number \_\_\_\_\_  **MDCB** Number \_\_\_\_\_

*We will obtain your Registry credentials directly from the ARRT.*

RDMS  RDCS  CNMT  PET  CMD  
 RVT  RMSK  NCT  NMAA  Other \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

## Licenses/Permits If applicable, indicate state(s) where you have a license or limited x-ray machine operator permit.

I have an unlimited state x-ray license. State \_\_\_\_\_ Expires (mm/yy) \_\_\_\_/\_\_\_\_  
 I have a limited permit. State \_\_\_\_\_ Expires (mm/yy) \_\_\_\_/\_\_\_\_

STEP 3

## Member Categories Price listed for a one-year membership.

Membership pricing is subject to change without notice.

**Active** members are registered in a primary modality by certification agencies recognized by the ASRT or hold an unrestricted license in medical imaging or radiation therapy under state statute. **\$125**

**Graduate Bridge** members are those who have graduated from an accredited program or a program in an accredited institution accepted by certification agencies recognized by the ASRT in their initial medical imaging or radiation therapy program within the past 24 months or are registered in a primary modality by the certification agencies recognized by the ASRT and are within 24 months of their initial certification. **\$ 85**

**Associate** members are employed in the technical, educational, managerial or corporate aspects of the radiologic sciences and do not qualify for Active membership. **\$125**

**Limited X-ray Machine Operator** members hold a limited permit in the radiologic sciences and do not qualify for Active membership. **\$125**

**Radiologist Assistant** members are certified by the ARRT and hold the R.R.A. credential. **\$125**

**Active Military** members are registered or certified in a primary modality by certification agencies recognized by the ASRT and are actively serving in the United States Armed Forces. **\$ 85**

I provide ASRT permission to certify my active duty service using the Service Member Civil Relief Act website.

## Membership Personalization

### Select Your Journal Preference

Choose *Radiologic Technology* to receive six issues of this journal annually. Choose *Radiation Therapist* and two of your six issues will be replaced with a *Radiation Therapy* journal (spring and fall). Update your journal preference at any time: [asrt.org/journalpreference](http://asrt.org/journalpreference).

### Select only one.

*Radiologic Technology*  *Radiation Therapist*

### Directed Reading Supplement

Receive printed versions of ASRT Directed Readings by mail by opting in to the *Directed Reading Supplement*. This publication contains six CE articles and is published twice annually.

Opt me in to the *Directed Reading Supplement*.

### Select Your Chapter

ASRT chapters allow members in different disciplines, specialties and/or career pursuits special representation in the Society's governing body, the ASRT House of Delegates.

### Select only one.

<input type="checkbox"/> Bone Densitometry	<input type="checkbox"/> Medical Dosimetry	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Cardiac Interventional and Vascular Interventional Technology	<input type="checkbox"/> Education	<input type="checkbox"/> Quality Management
<input type="checkbox"/> Computed Tomography	<input type="checkbox"/> Magnetic Resonance	<input type="checkbox"/> Radiation Therapy
	<input type="checkbox"/> Mammography	<input type="checkbox"/> Radiography
	<input type="checkbox"/> Management	<input type="checkbox"/> Registered Radiologist Assistant
	<input type="checkbox"/> Military	<input type="checkbox"/> Sonography

STEP 4

## Group Number

## Group Name

From your member dues, \$7.78 per year is spent on *ASRT Scanner*, \$10.01 per year on *Radiologic Technology* and \$2.64 per year on *Radiation Therapist*. In accordance with Sec. 6033(e) of the Internal Revenue Code, be advised that the IRS does not allow tax deductions for lobbying, and 0% of your membership dues are allocable to lobbying activities. All of your dues are eligible for deduction under Sec. 162E of the Code as business expenses, but not as charitable contributions. Consult a tax professional regarding dues deductibility as a business expense.

When you provide a check as payment, you authorize ASRT either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.