




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

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

ARDMS Number _____

NMTCB Number _____

MDCB Number _____

RDMS RDCS CNMT PET CMD

RVT RMSK NCT NMAA 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 Select one. Membership pricing is subject to change without notice.

<p>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. They shall have all rights, privileges and obligations of membership including the right to vote, hold office and serve as a delegate.</p>	<input type="checkbox"/> 1 Year \$125	<input type="checkbox"/> 2 Years \$235	<input type="checkbox"/> 3 Years \$335
	<p><i>Best Value!</i> Save 10%</p>		
<p>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.</p>	<input type="checkbox"/> 1 Year \$85	<input type="checkbox"/> 2 Years \$160	
	<p>Estimated Graduation Date ____/____/____</p>		
<p>Student members are those who are enrolled in primary radiologic science programs. They have all rights, privileges and obligations of Active members. Individuals applying for Student membership must demonstrate that they are currently enrolled in a primary educational program in the radiologic sciences. Eligibility for Student membership shall terminate upon initial certification. <i>The \$10 application fee is waived for this category.</i></p>	<input type="checkbox"/> 1 Year \$35		
	<p>Name of School/Program _____</p> <p>Estimated Graduation Date ____/____/____</p>		
<p>Associate members are employed in the technical, educational, managerial or corporate aspects of the radiologic sciences and do not qualify for Active membership. Associate members enjoy all membership privileges except voting, holding office or serving as a delegate.</p>	<input type="checkbox"/> 1 Year \$125	<input type="checkbox"/> 2 Years \$235	<input type="checkbox"/> 3 Years \$335
	<p>Please call Member Services at 800-444-2778 for more information.</p>		
<p>Limited X-ray Machine Operator members hold a limited permit in the radiologic sciences and do not qualify for Active membership. LXMO members enjoy all membership privileges except voting, holding office or serving as a delegate.</p>	<input type="checkbox"/> 1 Year \$125	<input type="checkbox"/> 2 Years \$235	<input type="checkbox"/> 3 Years \$335
	<p>Radiologist Assistant members are certified by the ARRT and hold the R.R.A. credential. They have all rights, privileges and obligations of Active members.</p>	<input type="checkbox"/> 1 Year \$125	<input type="checkbox"/> 2 Years \$235
<p>International members are employed in the technical, educational, managerial or corporate aspects of the radiologic sciences outside of the United States and do not qualify for Active membership. International members enjoy all membership privileges except voting, holding office or serving as a delegate.</p>		<input type="checkbox"/> 1 Year \$125	<input type="checkbox"/> 2 Years \$235

Please Print First and Last Name _____

STEP 4

Membership Personalization

Select Your Journal Preference

Select the subject area that best fits your needs. For more information, visit asrt.org/journalpreference.

Select only one.

- Computed Tomography
- Mammography
- Radiation Therapy
- General Content Edition

Select Your Chapter

ASRT chapters allow members in different disciplines, specialties or career pursuits special representation in the Society's governing body, the ASRT House of Delegates. Enrollment in one primary chapter is included free as a standard part of membership.

Joining an additional ASRT chapter connects you with even more like-minded professionals and shows your commitment to your profession. **Joining secondary chapters costs \$5 per chapter per year.** If selecting more than one chapter, indicate chapter in numeric preference (1, 2, 3...).

Select chapter(s).

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

STEP 5

Membership Options

Continuing Education Option – Choose One

- Directed Reading Flex Plan
- Traditional Plan

You can compare the options at asrt.org/flex.

Premium Option

- Get more from your ASRT membership for only \$20.
 - Specially designed membership card
 - Collectible lapel pin
 - ASRT Insider newsletter
 - 3 additional CE credits for members who choose the DR Flex Plan
- 25% off select items in ASRT Store
- 10% off ASRT Educational Symposium fee
- 10% off NRTW® products



www.asrt.org/premium

STEP 6

Payment Information

Member dues payment\$ _____

Premium option (____ x \$20 per year)\$ _____

Total secondary chapter fees (____ x \$5 per chapter per year) .. \$ _____

ASRT Foundation donation\$ _____

Application fee (not refundable)\$ 10.00

Total enclosed\$ _____

Bring a Friend!

Referred by a friend? **You could receive a \$250 gift card** and the friend who made the recommendation could receive a free two-year membership. For your chance to win, provide the name and ASRT member number of the person who referred you.

Name _____

ASRT Member No. _____

Payment Method Please indicate payment method.

- Check or Money Order Credit Card **Please do not send cash.** Dues payments must be in U.S. funds only.

Card No. _____ Name (as it appears on card) _____

Expires (mm/yy) ____ / ____ Signature (as it appears on card) _____

From your member dues, \$7.26 per year is spent on *ASRT Scanner*, \$9.10 per year on *Radiologic Technology* and \$2.45 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.

Promo Code _____