



Membership Application







| - | Member Information Please print. First Name M.I. Last Name | | | | | |
|--------|---|------------------------------------|-----------------------------------|---------------------------------|--|--|
| STEP | First Name M.I. Last Name | | | | | |
| | Date of Birth (mm/dd/yyyy) / / | | | | | |
| | Mailing Address | | | | | |
| | City State ZIP | | Country | | | |
| | Email Address Cell Phone () _ | | - | | | |
| | Home Phone () Work Phone () | | | | | |
| | Home Prione () work Prione () | | | _ EXI | | |
| | | | | | | |
| TEP 2 | Certifications Select all current certifications that apply. Date You Were Originally Certified (mm/yy) / | | | | | |
| | | | | | | |
| ST | □ ARRT Number □ NMTCB Number We will obtain your Registry credentials □ RDMS □ RDCS Biennium End Date □ | er | | ımber | | |
| | directly from the ARRT | — ′—— ′——— □ PET | | | | |
| | L KV I L KIVISK | □NMAA | □ Otriei | | | |
| | □ Other □ NC I □ Other | | 🗆 Other | | | |
| | Licenses/Permits If applicable, indicate state(s) where you have a license or limited x-ray made | chine operator pe | rmit. | | | |
| | ☐ 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. 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. | ☐ 1 Year \$125 | <i>Save 5%</i> ☐ 2 Years \$235 | <i>Save 10%</i> ☐ 3 Years \$335 | | |
| | 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 | ☐ 1 Year \$85 Estimated Grad | 2 Years \$160 duation Date/ | / | | |
| | 24 months of their initial certification. | | | | | |
| | 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 | ☐ 1 Year \$35 | | | | |
| | membership must demonstrate that they are currently enrolled in a primary educational | Name of School | ol/Program | | | |
| | 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> | | Estimated Graduation Date// | | | |
| | 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. | ☐ 1 Year \$125 | ☐ 2 Years \$235 | ☐ 3 Years \$335 | | |
| | Retired members are those who have requested this status from the ASRT and have retirement status or hold a certificate of recognition from a certification agency recognized by the ASRT or meet Social Security Administration requirements for retirement. <i>The \$10 application fee is waived for this category.</i> | Please call Me for more infor | mber Services at mation. | 800-444-2778 | | |
| | 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. | ☐ 1 Year \$125 | ☐ 2 Years \$235 | ☐ 3 Years \$335 | | |
| | 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. | ☐ 1 Year \$125 | ☐ 2 Years \$235 | ☐ 3 Years \$335 | | |
| | 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. | ☐ 1 Year \$125 | ☐ 2 Years \$235 | ☐ 3 Years \$335 | | |

STEP

| Please Print First and Last Name | | | | |
|--|--|--|--|--|
| Membership Personalization | | | | |
| Select Your Journal Preference | Select Your Chapter | | | |
| Select the subject area that best fits your needs. For more information, visit asrt.org/journalpreference . | special representation in the Society's go | 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. | | |
| Select only one. Computed Tomography Mammography Radiation Therapy | 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, inchapter in numeric preference (1, 2, 3). | | | |
| ☐ General Content Edition | Select chapter(s). Bone Densitometry Cardiac Interventional and | Management Military Nuclear Medicine Quality Management Radiation Therapy Radiography Registered Radiologist Assistant Sonography | | |
| 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 | 25% off select items in ASRT Store10% off ASRT Educational Symposium fee | Additional Premium Benefits for Student • Access to 3 additional Radiography or | | |
| ASRT Insider newsletter 3 additional CE credits for members who choose the DR Flex Plan | • 10% off NRTW® products | Radiation Therapy SEAL® Exams (8 total) • Mailed copies of ASRT publications | | |
| 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 | \$ | | | |
| | | | | |
| Payment Method Blass indicate and and and | 1 | | | |

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. Name (as it appears on card)____ Expires (mm/yy) ____ /__ Signature (as it appears on card) _

From your member dues, \$7.44 per year applies to a subscription to ASRT Scanner, \$8.79 per year to Radiologic Technology and \$2.53 per year to Radiation Therapist. In accordance with Sec. 6033(e) of the Internal Revenue Code, please be advised that 0% of membership dues are allocable to lobbying activities of ASRT and, as such, are deductible for tax purposes under Sec. 162E of the Code. Membership dues are not deductible as charitable contributions, but might be deductible as a business expense. Members should seek a tax professional's advice regarding dues deductibility as a business expense.

Promo Code _____

Rev. 5/20