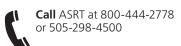


## **Student Group Membership Application**







Member Information Please print.				
First Name	M.I La	ast Name		_
Date of Birth (mm/dd/yyyy) / /				
Mailing Address				
City	State	ZIP	Country	
E-mail Address				
Cell Phone ( )				
Home Phone(  )				
Student Membership Student members are those who are enrolled in primary radiolo enrollment must accompany the group application packet. Eligil				of
Membership Personalization	Select Your Cha	entor		
Select Your Journal Preference Digital Subscription Included With Student Membership. 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.  Select only one.  ☐ Radiologic Technology ☐ Radiation Therapist	ASRT chapters allow disciplines, specialties special representation body, the ASRT House Select only one.  Bone Densitome Cardiac Intervent	members in different s and/or career pursuit in in the Society's gove se of Delegates.  Letry cional and tional Technology ography try  ance  e ment by		
Group Name	Schoo	ol Name		
Group No.		Graduation Date		