

# 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  Prefer Not to Answer

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  Biennium End Date \_\_\_\_/\_\_\_\_/\_\_\_\_  CMD

RVT  RMSK  CNMT  PET  Other \_\_\_\_\_

Other \_\_\_\_\_  NCT  NMAA  Other \_\_\_\_\_

## Licenses If applicable, indicate state(s) where you have a license.

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

I have a limited technologist (LXMO) state x-ray license. 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 or certified in a primary discipline by certification agencies recognized by the ASRT or hold an unrestricted license in medical imaging or radiation therapy under state statute. **\$135**

**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 discipline by the certification agencies recognized by the ASRT and are within 24 months of their initial certification. **\$92**

**Associate** members are or have been employed in the technical, educational, managerial or corporate aspects of the medical imaging and radiation therapy profession and do not qualify for Active membership. **\$135**

**Limited Technologist (LXMO)** members perform diagnostic x-ray procedures on selected anatomical sites and are not registered radiologic technologists. **\$135**

**Radiologist Assistant** members are registered radiologic technologists who hold the credential R.R.A. **\$135**

**Active Military** members are registered or certified in a primary discipline by certification agencies recognized by the ASRT and are actively serving in the United States armed forces. Proof of active duty service is required. **\$92**

I provide ASRT permission to certify my active duty service using the Servicemembers 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 Therapist* journal (spring and fall). Update your journal preference at any time at [asrt.org/Demographics](http://asrt.org/Demographics).

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

STEP 4

## Group Number

## Group Name

From your member dues, \$5.25 per year is spent on ASRT Scanner, \$6.49 per year on *Radiologic Technology* and \$2.30 per year on *Radiation Therapist*. Members who opt in to the *Directed Reading Supplement* shall receive it twice a year with \$3.91 from each member's annual dues funding the *Directed Reading Supplement*. 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.