

Please Print First and Last Name _____

STEP 4

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.

Select only one.

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

STEP 5

Premium Membership Option

- ☐ Get more from your ASRT membership for only \$20. **asrt.org/Premium**
- Specially designed membership card
 - Collectible lapel pin
 - *ASRT Insider* newsletter
 - Access to 3 additional CE credits each membership year (for a total of 20)
 - 25% off select items in ASRT Store
 - 10% off ASRT Educational Symposium fee
 - 10% off NRTW® products

Additional Premium Benefits for Students

- Access to 3 additional Radiography and Radiation Therapy SEAL® practice exams
- Mailed copies of ASRT publications

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 \$ _____

Overpayments of \$25 and less will be prorated to extend the length of your membership term.

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, \$6.68 per year is spent on *ASRT Scanner*, \$7.52 per year on *Radiologic Technology* and \$2.23 per year on *Radiation Therapist*. Members who opt in to the *Directed Reading Supplement* shall receive it twice a year with \$3.24 from each member's annual dues funding the *Directed Reading Supplement*. 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.

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 _____