

# **Membership Application**





**Call** ASRT at 800-444-2778 or 505-298-4500



**Questions?** Email MemberServices@asrt.org

<b>Member Information</b> Please p First Name	rint.		M.I. Last Name				
Date of Birth (mm/dd/yyyy) /_			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Mailing Address							
City					Count	trv	
Email Address							
Home Phone(  )							+
			. WOLK PHONE (	/		EX	l
<b>Certifications</b> Select all current of Date You Were Originally Certified							
ARRT Number	ARDMS Numb	oer	NMTCB Num	ber		MDCB Number	
We will obtain your Registry credentials directly from the ARRT.	RDMS					_ CIVID	
ancety normale runni.	□ RVT	□RMSK	□ CNMT □ NCT			☐ Other	
			☐ Other		□	Other	
Licenses/Permits If applicable, in	dicate state(s) whe	ere you have a lic	ense or limited techno	ologist perm	it.		
☐ I have an unlimited state x-ray lice	ense. State	Expires (mm	ı/yy) /				
☐ I have a limited permit.	State	Expires (mm	ı/yy)/				
							Best Value!
Member Categories Select on	e. Membership prici	ing is subject to chan	ge without notice			Save 10%	Save 15%
<b>Active</b> members are registered in a prin an unrestricted license in medical imagir privileges and obligations of membershi	ng ór radiatión thera	py under state st	atute. They shall have al	ll rights,	☐ 1 Year \$125	☐ 2 Years \$225	☐ 3 Years \$319
<b>Graduate Bridge</b> members are those v an accredited institution accepted by cer imaging or radiation therapy program w	tification agencies r ithin the past 24 mo	recognized by the onths or are regis	ASRT in their initial me tered in a primary moda	dical	☐ 1 Years \$85	2 Years \$160 duation Date/_	/
certification agencies recognized by the					ESUMAIEU GIAC	duation Date / _	_/
<b>Student</b> members are those who are en privileges and obligations of Active mem	nrolled in primary ra nbers. Individuals ap	diologic science population plying for Studen	programs. They have all It membership must der	rights, monstrate	☐ 1 Year \$35		
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</i>				for	*	ol/Program	
category.	on initial certification	п. тпе это аррію	cation ree is waived in	OF ITIIS	Estimated Grad	duation Date $\/$	_/
<b>Associate</b> members are employed in the radiologic sciences and do not qualify for privileges except voting, holding office of	or Active membershi	ip. Associate men			☐ 1 Year \$125	☐ 2 Years \$225	☐ 3 Years \$319
Radiologist Assistant members are ce privileges and obligations of Active mem		and hold the R.R	.A. credential. They hav	e all rights,	☐ 1 Year \$125	☐ 2 Years \$225	☐ 3 Years \$319
<b>Active Military</b> members are registered by the ASRT and are actively serving in t and obligations of Active members. Production	he United States Arı	med Forces. They			□ 1 Year \$85		
☐ I provide ASRT permission to certify my ac	ctive duty service using	the Service Membe	er Civil Relief Act website.				
<b>Limited Technologist (LXMO)</b> member for Active membership. LXMO member serving as a delegate.					☐ 1 Year \$125	☐ 2 Years \$225	☐ 3 Years \$319
<b>Retired</b> members are those who have r retirement status from a certification ager certification agency recognized by the ASF members except to hold office or serve as	ncy recognized by the RT. Retired members s	e ASRT or 2. a cert shall have all rights	tificate of recognition fro , privileges and obligation	om a ns of Active	Please call Me for more info	ember Services a rmation.	t 800-444-27
<b>International</b> members are employed in the radiologic sciences outside of the Ur members enjoy all membership privilege	nited States and do r	not qualify for Ac	tive membership. Intern		☐ 1 Year \$125	☐ 2 Years \$225	☐ 3 Year \$319

STEP

# **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).

Bone Densitometry	Management
Cardiac Interventional and	Military
Vascular Interventional Technology	Nuclear Medicine
Computed Tomography	Quality Management
Medical Dosimetry	Radiation Therapy
Education	Radiography
Magnetic Resonance	Registered Radiologist Assistant
Mammography	Sonography

### **Premium Membership Option**

☐ Get more from your ASRT membership for only \$20. asrt.org/Premium

- Specially designed membership card 25% off select
- 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<sup>®</sup> practice exams
- 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	\$ 	

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)	/ Signatu	ıre (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