

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

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 Select one. *Membership pricing is subject to change without notice.*

Best Value!
Save 10% Save 15%

Active members are those who 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. They shall have all rights, privileges and obligations of membership including the right to vote, hold office and serve as a delegate.

1 Year **\$135** **2 Years** **\$243** **3 Years** **\$344**

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.

1 Year **\$92** **2 Years** **\$165**
 Estimated Graduation Date ____/____/____

Student members are those who are enrolled in primary medical imaging or radiation therapy programs. They have all rights, privileges and obligations of Active members. Individuals applying for Student membership must demonstrate that they are currently enrolled in a primary educational program in the radiologic sciences. Eligibility for Student membership shall terminate upon initial certification. **The \$10 application fee is waived for this category.**

1 Year **\$37** **2 Years** **\$74**
 Name of School/Program _____
 Estimated Graduation Date ____/____/____

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. They shall have all rights, privileges and obligations of Active members except to vote, hold office or serve as a delegate.

1 Year **\$135** **2 Years** **\$243** **3 Years** **\$344**

Radiologist Assistant members are those registered radiologic technologists who hold the credential R.R.A. They shall have all rights, privileges and obligations of Active members.

1 Year **\$135** **2 Years** **\$243** **3 Years** **\$344**

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. They shall have all rights, privileges and obligations of Active members. Proof of active duty service is required.

1 Year **\$92**

I provide ASRT permission to certify my active duty service using the Servicemembers Civil Relief Act website.

Limited Technologist (LXMO) members perform diagnostic x-ray procedures on selected anatomical sites and are not registered radiologic technologists. They shall have all rights, privileges and obligations of Active members except to vote, hold office or serve as a delegate.

1 Year **\$135** **2 Years** **\$243** **3 Years** **\$344**

Retired members are those who have requested this status from the ASRT and have submitted: 1. evidence of retirement status from a certification agency recognized by the ASRT or 2. a certificate of recognition from a certification agency recognized by the ASRT. Retired members shall have all rights, privileges and obligations of Active members except to hold office or serve as a delegate. **The \$10 application fee is waived for this category.**

1 Year **\$67** **2 Years** **\$120** **3 Years** **\$170**

International members are those who reside outside the United States or any of its territories, are not registered by certification agencies recognized by the ASRT, and are employed in the technical, educational, managerial or corporate aspects of the medical imaging and radiation therapy profession. They shall have all rights, privileges and obligations of Active members except to vote, hold office or serve as a delegate.

1 Year **\$135** **2 Years** **\$243** **3 Years** **\$344**

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 Therapist* journal (spring and fall). Update your journal preference at any time at 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. 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"/> Medical Dosimetry |
| <input type="checkbox"/> Cardiac Interventional and Vascular Interventional Technology | <input type="checkbox"/> Military |
| <input type="checkbox"/> Computed Tomography | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Education | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> Magnetic Resonance | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> Radiography |
| <input type="checkbox"/> Management | <input type="checkbox"/> Registered Radiologist Assistant |
| | <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 three additional Radiography, Magnetic Resonance and Radiation Therapy SEAL® practice exams
- Mailed copies of ASRT publications

STEP 6

Payment Information

- Member dues payment \$ _____
- Premium option upgrade (____ 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 Number _____ Name (as it appears on card) _____

Expires (mm/yy) ____ / ____ / ____ Signature (as it appears on card) _____

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.

Promo Code _____