

# 4 fast and convenient ways to join!



American Society of Radiologic Technologists

## Mail completed form to:

ASRT, 15000 Central Ave. SE,  
Albuquerque, NM 87123-3917,  
**Or fax** this form to 505-298-5063,  
**Or call** ASRT at 800-444-2778, Press 5  
(have your credit/debit card ready).  
Allow two to four weeks for processing.

**Or online** at [www.asrt.org](http://www.asrt.org) with your credit/debit card. Questions?  
Call ASRT at 800-444-2778, Press 5 or at 505-298-4500, Press 5.

## Membership Participation

**Active members** are certified by the American Registry of Radiologic Technologists (ARRT) or its equivalent, or hold unlimited licenses under state statute, may vote and hold office and enjoy unlimited access to all ASRT member benefits.

**Associate members** hold a limited permit or are employed in the technical, educational, managerial or corporate aspects of the radiologic sciences and do not qualify for active membership. Associate members enjoy all membership privileges except voting or holding office.

**Student members** are enrolled in radiologic science programs and have the privileges of active members. Applications for student memberships must be accompanied by letters of enrollment verification on letterhead from program directors and date of anticipated graduation. Students graduating within six months of applying for membership and/or who have an initial certification are ineligible for the student category.

**Retired members** must be registered "retired" with the ARRT. Retired members receive official ASRT publications only.

## Application fee

New member dues automatically include a \$10 application fee (does not apply to student or retired members). Application fees also apply to memberships lapsing past their expiration dates. Application fee is not refundable.

## Member Dues

From your member dues, \$9 applies to a subscription to *Radiologic Technology* and \$8 applies to a subscription to *ASRT Scanner*. In accordance with Sec. 6033(e) of the Internal Revenue Code, please be advised that 7% of membership dues are allocable to lobbying activities of ASRT, and as such, may not be deductible for tax purposes under Sec. 162E of the Code.

## Refund Policy

ASRT refunds dues only during the 30 days immediately after membership application or membership renewal. A \$15 processing fee will be deducted from the refund. The \$10 application fee is not refundable.

## Chapter Information

ASRT chapters allow members in different disciplines, specialties and/or career pursuits special representation in the Society's governing body, the ASRT House of Delegates. Choosing one or more secondary chapter(s) is a personal decision identifying you with the chapter.

## CE Credit Transfer Information

Make sure your name, date of birth and Social Security number are identical to what is on file with the ARRT. Your credits are directly transferred to ARRT when you earn 24 Category A CE credits 60 days prior to your biennium end date.

## Membership Application

(Please print required information. To ensure CE credit transfer, see important sidebar information.)

First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security Number (Used only to track CE) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (m/d/y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male \_\_\_ Female \_\_\_

Currently registered by \_\_\_ ARRT Registry # \_\_\_\_\_

Currently registered by \_\_\_ ARDMS \_\_\_ NMTCB \_\_\_ MDCB \_\_\_ ASCP \_\_\_ CCI

Please write your credentials as they appear on your technologist registry card (indicate disciplines/specialties) \_\_\_\_\_

Do you have an unlimited state x-ray license? \_\_\_ Yes\* \_\_\_ No Do you have a limited permit? \_\_\_ Yes\* \_\_\_ No

\*Please indicate below the state(s) where you have a license or limited permit.

State \_\_\_\_\_ Expires (m/d/y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ State \_\_\_\_\_ Expires (m/d/y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Preferred Method of Communication

(Choose all that you desire) \_\_\_ Fax \_\_\_ E-mail \_\_\_ Mail \_\_\_ Phone

I understand that by supplying the above telephone number, facsimile number and e-mail address to ASRT, I am giving express written permission to receive all types of communications from ASRT at these numbers and/or this address.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Member Dues

(Please circle one)

	First Year	Two Years	Three Years
Active	\$95	\$170	\$235
Associate	\$95	\$170	\$235
Student	\$30		
Retired (ARRT)	\$42.50		

## Chapters

	Primary Included in membership	Secondary Fees apply	
Enrollment in <b>one primary chapter is included free</b> as a standard part of each membership.	___	___	Bone Densitometry
Secondary chapter enrollment costs	___	___	Cardiovascular-Interventional
\$5 for one year,	___	___	Computed Tomography
\$10 for two years or	___	___	Medical Dosimetry
\$15 for three years per chapter.	___	___	Education
	___	___	Magnetic Resonance
	___	___	Mammography
	___	___	Management
	___	___	Military
	___	___	Nuclear Medicine
	___	___	Quality Management
	___	___	Radiation Therapy
	___	___	Radiography
	___	___	Sonography

## Payment Method

(Please do not send cash)

Dues payments must be in U.S. funds only.

Please indicate payment method

- \_\_\_ Check or money order
- \_\_\_ AmEx
- \_\_\_ Discover
- \_\_\_ MasterCard
- \_\_\_ VISA

Card No. \_\_\_\_\_ Expiration date (m/y) \_\_\_\_ / \_\_\_\_

Signature (as printed on card) \_\_\_\_\_

Total secondary chapters \_\_\_\_\_

Total secondary chapter fees (\$5 per chapter per year) \$ \_\_\_\_\_

Member dues payment \$ \_\_\_\_\_

Total enclosed (dues payment + secondary chapter fees) \$ \_\_\_\_\_

Source Code

93101