



# Membership Application

For January 1– December 31, 2010

Join now for 2010 and take advantage of 2009 membership benefits for free!

payment **must** accompany this completed application

**Membership Category** – Select only one

- Active** – \$ 75/yr\*
- Clinical Associate** – \$ 65/yr
- Corporate Associate** – \$ 65/yr
- Student** – \$ 45/yr
- International** – \$85/yr

*\* ACTIVE – Submit ARRT certification or Canadian equivalent.*

Mr  Mrs  Ms

**Name** First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Generation \_\_\_\_\_  
Jr., Sr., II, III

**Credentials** \_\_\_\_\_ **Licensure** \_\_\_\_\_

**Degree/s** \_\_\_\_\_ **Registration/s** \_\_\_\_\_

**Preferred Address**  Home  Work

**Home** Street \_\_\_\_\_

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

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_  
Email addresses are used only for official AVIR business

**Work** Institution Name \_\_\_\_\_ Dept. \_\_\_\_\_

Street \_\_\_\_\_  
Include department, room number, mail stop codes, etc., if appropriate

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

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_  
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**Length of Time as Tech Area of Expertise** \_\_\_\_\_

**Size of Institution** (# of beds) \_\_\_\_\_  Private \_\_\_\_\_  Academic \_\_\_\_\_

**Number of Exams Performed at this Institution** \_\_\_\_\_  Vascular \_\_\_\_\_  Interventional \_\_\_\_\_

**Are You a Member of** **ARRT**  Yes  No **ASRT**  Yes  No *If YES, please attach photocopy of membership card/s*

**List Other Professional Organizations of Which You Are A Member** \_\_\_\_\_

**Related Interests** (CQI, Teaching, Publishing, etc.) \_\_\_\_\_

**Payment information**  Check Enclosed **Credit Card**  AmEx  MasterCard  Visa

Acct Number \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Student Members Only**

Director \_\_\_\_\_ Program Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_