



ASNR

Application for *New Members* *

*Any *Member* upgrading to *Senior* status must submit the abbreviated application

Important:

Applicants wishing to register for the **ASNR Annual Meeting & NER Foundation Symposium** at the member rate must submit an application and required documents at least 6 weeks prior to the start of the Symposium.

Membership Category applied for: *Senior* *Member* *Research Scientist*

All applicants must complete Part I ... and Part II (if appropriate).

PART I. Applicant Information *(Legibly print/type all information on the application)*

Name: _____

First / Middle / Last Name / Degree

Current Title

List *both Home and Office Addresses*; check which you would prefer for mailings and invoices.

Home

Address _____

City/State _____

Zip _____

Phone: A/C _____

E-Mail: _____

(Preferred e-mail address **required**)

Office (indicate present employment location)

Institution _____

Department _____

Address _____

City/State _____

Zip _____

Phone: A/C _____

FAX: A/C _____

Present Position (i.e., fellow, academic neuroradiologist, neuroradiologist in private practice, scientist, etc.): _____

Percent of time devoted to Neuroradiology in present position: _____%

PART II. Certification and Training

Check one of the following (below):

Board Certification date: ___/___/___

ABR

Subspecialty Certification in Neuroradiology (formerly CAQ) (Date: ___/___/___)

If other, specify: _____

Radiology Residency ___/___/___ to ___/___/___ ACGME or RCPSC-accredited Radiology Training Program? Y N

Institution: _____ Residency Training Director: _____

Training Director's Phone: A/C _____ E-mail: _____

Neuroradiology Fellowship 1st year from ___/___/___ to ___/___/___

Institution: _____ ACGME or RCPSC-accredited Radiology Training Program? Y N

Fellowship Training Director: _____ Phone: A/C _____

Neuroradiology Fellowship 2nd year Same as above from ___/___/___ to ___/___/___ **OR**

Institution: _____ ACGME or RCPSC-accredited Radiology Training Program? Y N

Fellowship Training Director: _____ Phone: A/C _____

Applicant's Signature

Date

Complete the appropriate information on the reverse side, include required documentation and dues, and return to:

American Society of Neuroradiology
Membership Department
2210 Midwest Road, Suite 207
Oak Brook, IL 60523-8205

Phone: 630-574-0220 ext. 234
E-mail: bmack@asnr.org
Website: www.asnr.org

(over)

SENIOR Applicant's Background Information

- ◆ Shall be a radiologist certified by the *American Board of Radiology*, *The Royal College of Physicians and Surgeons of Canada (RCPSC)*, *The American Osteopathic College of Radiology*, or other Board or Tribunal which, in the judgment of the Executive Committee, is of equivalent rank.
- ◆ Shall have completed **one** of the following criteria:
Check the criterion upon which this application is based:
 - a) 2 years of neuroradiology fellowship under the supervision of an ASNR *Senior* member in an institution with an ACGME or RCPSC-accredited radiology residency program **OR**
 - b) 1 year of fellowship in neuroradiology (*which may not have begun until 18 months after the beginning of radiology residency*), and a second year of experience *primarily* (>90%) in neuroradiology, and/or a subspecialized area of neuroradiology under the supervision of an ASNR *Senior* member in an institution with an ACGME or RCPSC-accredited radiology residency program **OR**
 - c) 1 year of fellowship in neuroradiology under the supervision of an ASNR *Senior* member in an institution with an ACGME or RCPSC-accredited radiology residency program, *and* 3 years of subsequent radiology practice during which 50% of the practice time is documented in neuroradiology **OR**
 - d) Subspecialty Certification (formerly CAQ) in Neuroradiology (from 1994 through 2004), and 4 years of subsequent radiology practice during which 50% of the practice time is documented in neuroradiology.
- ◆ Shall be engaged in active practice of neuroradiology and/or a subspecialty of neuroradiology in a North American country, devoting at least one-half time (exclusive of administrative duties) to the professional practice of neuroradiology.

Applicants for *Senior* membership who have Subspecialty Certification in Neuroradiology and/or have completed an ACGME or RCPSC Neuroradiology fellowship do not require written sponsorship.

Required documents for <i>Senior</i> member applicants:					
<input type="checkbox"/> Prorated dues and application fee <input type="checkbox"/> Completed application <input type="checkbox"/> Current CV <input type="checkbox"/> Copy of Radiology or Subspecialty Certificate					
Prorated dues (to the right) include the application fee.		1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
Senior	\$650 + \$100 application fee	\$750	\$588	\$425	\$750
<i>Senior (Military)</i>	\$230 + \$100 application fee	\$330	\$273	\$215	\$330

*When dues are paid during the 4th Quarter, membership is valid through the end of the following year.

MEMBER Applicant's Background Information (Check the criterion upon which this application is based):

- Has completed at least 1 year in an ACGME or RCPSC-accredited Neuroradiology fellowship program;
- Certified by the American Board of Radiology with a Subspecialty Certification (formerly the CAQ) in Neuroradiology;
- Other neuroradiologist, radiologist, or physician with an interest in neuroradiology;
- Neuroradiologist who trained and practices outside of North America.

Sponsors for *Member* status must be ASNR *Senior* members who are familiar with the applicant's work. All *Member* applicants require 2 sponsors, preferably the applicant's neuroradiology/training program director(s).

Sponsor #1 _____ Sponsor #2 _____

Required documents for <i>Member</i> applicants:					
<input type="checkbox"/> Prorated dues and application fee <input type="checkbox"/> Completed application <input type="checkbox"/> 2 Sponsor Forms from ASNR <i>Senior</i> members <input type="checkbox"/> Current CV					
<input type="checkbox"/> Copy of Subspecialty Certificate (if applying based on this criterion)					
Prorated dues (to the right) include the application fee.		1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
Member	\$575 + \$25 application fee	\$600	\$457	\$313	\$600
<i>Member (1st year out of N/R fellowship)</i>	\$375 + \$25 application fee	\$400	\$307	\$213	\$400
<i>Member (Military, Radiologists, and those outside North America)</i>	\$230 + \$25 application fee	\$255	\$198	\$140	\$255

*When dues are paid during the 4th Quarter, membership is valid through the end of the following year.

RESEARCH SCIENTIST

Shall be a physicist (PhD) or neuroscientist (MS, PhD) with an interest in and/or position relevant to Neuroradiology or Radiology, and who may not fulfill the requirements for *Senior* membership.

Sponsors for *Research Scientist* status may be ASNR *Senior* members or *Research Scientist* members who are familiar with the applicant's work. All *Research Scientist* applicants require 2 sponsors.

Sponsor #1 _____ Sponsor #2 _____

Required documents for <i>Research Scientist</i> applicants:	
<input type="checkbox"/> Completed application <input type="checkbox"/> 2 Sponsor Forms from ASNR <i>Senior</i> or <i>Research Scientist</i> members	
Please note: The application fee and membership dues have been waived for <i>Research Scientists</i> for the first two years.	

American Society of Neuroradiology

2210 Midwest Road, Suite 207

Oak Brook, IL 60523-8205

Sponsor Form #1

(To Sponsors: Return this completed form to the applicant for inclusion with their membership application.)

Sponsor Information

- ◆ *Member* applicants require 2 ASNR *Senior* members who are familiar with their work.
- ◆ *Research Scientist* applicants require 2 ASNR sponsors, who may be ASNR *Senior* members or *Research Scientist* members who are familiar with their work.

Sponsor's Name: _____ Date: _____

Ph: A/C _____ FAX: _____ Email: _____

Institution: _____

Applicant Information (complete information, if applicable for your category of membership)

Applicant's Name: _____

Radiology Residency at _____ completed on ____/____/____

1st Year Neuroradiology Fellowship at _____

from ____/____/____ to ____/____/____

2nd Year Neuroradiology Fellowship at _____

from ____/____/____ to ____/____/____

Practice Experience from ____/____/____ to ____/____/____ % of Neuroradiology _____

Board Certification by the *American Board of Radiology, The Royal College of Physicians and Surgeons of Canada, The American Osteopathic College of Radiology*, or other Board or Tribunal which, in the judgment of the Executive Committee, is of equivalent rank. Date ____/____/____ Check one: ABR If other, specify: _____

Subspecialty Certification (formerly CAQ) date: ____/____/____

Membership Category/Criteria for which applicant is applying (please check one)

MEMBER ... please check the criterion upon which this application is based:

- Has completed at least 1 year in an ACGME or RCPSC-accredited Neuroradiology fellowship program;
- Certified by the American Board of Radiology with Subspecialty Certification (formerly CAQ) in Neuroradiology;
- Other neuroradiologist, radiologist, physician, or scientist, with an interest in Neuroradiology.
- Neuroradiologist who trained and practices outside of North America.

RESEARCH SCIENTIST

- A physicist (PhD) or neuroscientist (MS, PhD) with an interest in and/or position relevant to Neuroradiology or Radiology, and who may not fulfill the requirements for *Senior* membership.

I (Signature of Sponsor): _____ certify to the best of my knowledge that the information contained in this correspondence is true.

ADDITIONAL COMMENTS (optional): _____

American Society of Neuroradiology

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Sponsor Form #2

(To Sponsors: Return this completed form to the applicant for inclusion with their membership application.)

Sponsor Information

- ◆ *Member* applicants require 2 ASNR *Senior* members who are familiar with their work.
- ◆ *Research Scientist* applicants require 2 ASNR sponsors, who may be ASNR *Senior* members or *Research Scientist* members who are familiar with their work.

Sponsor's Name: _____ Date: _____

Ph: A/C _____ FAX: _____ Email: _____

Institution: _____

Applicant Information (complete information, if applicable for your category of membership)

Applicant's Name: _____

Radiology Residency at _____ completed on ____/____/____

1st Year Neuroradiology Fellowship at _____

from ____/____/____ to ____/____/____

2nd Year Neuroradiology Fellowship at _____

from ____/____/____ to ____/____/____

Practice Experience from ____/____/____ to ____/____/____ % of Neuroradiology _____

Board Certification by the *American Board of Radiology, The Royal College of Physicians and Surgeons of Canada, The American Osteopathic College of Radiology*, or other Board or Tribunal which, in the judgment of the Executive Committee, is of equivalent rank. Date ____/____/____ Check one: ABR If other, specify: _____

Subspecialty Certification (formerly CAQ) date: ____/____/____

Membership Category/Criteria for which applicant is applying (please check one)

MEMBER ... please check the criterion upon which this application is based:

- Has completed at least 1 year in an ACGME or RCPSC-accredited Neuroradiology fellowship program;
- Certified by the American Board of Radiology with Subspecialty Certification (formerly CAQ) in Neuroradiology;
- Other neuroradiologist, radiologist, physician, or scientist, with an interest in Neuroradiology.
- Neuroradiologist who trained and practices outside of North America.

RESEARCH SCIENTIST

- A physicist (PhD) or neuroscientist (MS, PhD) with an interest in and/or position relevant to Neuroradiology or Radiology, and who may not fulfill the requirements for *Senior* membership.

I (Signature of Sponsor): _____ certify to the best of my knowledge that the information contained in this correspondence is true.

ADDITIONAL COMMENTS (optional): _____



ASNR

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Oak Brook, IL 60523-8205

Credit Card Authorization Form

Please print all information below, and submit this form with your membership application. **All non-U.S. applicants are required to pay their prorated membership dues and application fee by credit card using this form.** Payment must accompany the application.

U.S. applicants may elect to pay by either check (made payable to the ASNR) or credit card, using this form.

Please legibly print or type the information below:

Applicant's Name: _____
Name of Institution/Affiliation: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country (if other than U.S.): _____

Billing address, if different from above: Check one Home Institution Business Office

Name of Institution/Affiliation: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country (if other than U.S.): _____

Indicate which *prorated* membership dues and application fee you are paying: _____

Prorated dues (to the right) include the application fee.		1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
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Member (Military or Radiologists, and those outside North America)	\$230 + \$25 application fee	\$255	\$198	\$140	\$255

*When dues are paid during the 4th Quarter, membership is valid through the end of the following year.

Credit Card (check one): _____ American Express _____ MasterCard _____ Visa

Card Number: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature: _____

If paying by credit card, this form must be included with your membership application.