



ASNR

Membership Application for *Member Status*

Do you currently hold ASNR *Member-in-Training* status? YES NO

Applicants for *Member* status are: Other neuroradiologists, radiologists, or physicians with an interest in Neuroradiology.

Important:

Applicants wishing to register for the **ASNR Annual Meeting & ASNR Foundation Symposium** at the member rate must submit an application and required documents at least 6 weeks prior to the start of the Symposium, and be in receipt of written notification of acceptance. Visit www.asnr.org for meeting dates.

(Legibly print or type all information on the application)

PART I. Applicant Information

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: () _____

Work (indicate present employment location)
Institution _____
Department _____
Address _____
City/State _____
Zip _____
Phone: () _____
FAX: () _____

E-Mail: _____
(Preferred e-mail address **required**)

Present Position (i.e., academic neuroradiologist, neuroradiologist in private practice, scientist, etc.): _____
Percent of time devoted to Neuroradiology in present position: _____%

PART II. Certification and Training (complete all applicable information)

Check one of the following (below):

Board Certification date: ___/___/___ ABR
 Subspecialty Certification in Neuroradiology (Date: ___/___/___)
 If other, specify: _____

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

Institution: _____ Residency Training Director: _____
Training Director's Phone: () _____ 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: () _____

PART III. Sponsor Information ... the sponsor must currently hold *Senior* or *Member* status.

You need a sponsor if ...

- ◆ You have not held *Member-in-Training* status. A Sponsor Form is enclosed with the application.

Sponsor's Name: _____

You do not need a sponsor if ...

- ◆ You have Subspecialty Certification in Neuroradiology, and/or have completed an ACGME or RCPSC Neuroradiology fellowship.
OR
- ◆ You currently hold *Member-in-Training* status.

PART IV. Criteria for *Member* status

Check one of the following criteria upon which this application is based:

- Completed at least a 1-year ACGME or RCPSC accredited Neuroradiology fellowship program, but is not Radiology Board certified at this time, **OR**
- Other neuroradiologist, radiologist, or physician with an interest in neuroradiology, **OR**
- Neuroradiologist who trained and practices outside North America

Requirements to apply for *Member* status, if you have not held *Member-in-Training* status ...

- Completed application
- Sponsor Form (see information under PART III. To determine if you need a sponsor)
- Brief Curriculum Vitae
- Payment of prorated dues and application fee

Requirements for applicants who have held *Member-in-Training* status ...

- Completed application
- Payment of prorated dues and application fee

Prorated dues (to the right) include the application fee.

Category	Annual Dues	1 st Qtr. Jan-March	2 nd Qtr. Apr-June	3 rd Qtr. July-Sept	4 th Qtr. * Oct-Dec
Member	\$575 + \$25 application fee	\$600	\$457	\$313	\$600
Member (1 st year out of N/R fellowship)	\$375 + \$25 application fee	\$400	\$307	\$213	\$400
Member (Military, 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.

Applicant's Signature

Date

Complete all the information on the application, include required documentation, application fee 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

American Society of Neuroradiology

2210 Midwest Road, Suite 207

Oak Brook, IL 60523-8205

Sponsor Form for *Member* Status

This form is not required for applicants who hold or have held *Member-in-Training* status.

Sponsors should return this completed form to the applicant for inclusion with their membership application.

Sponsor Information ... Sponsor shall currently hold *Senior* or *Member* status.

Sponsor's Name: _____ Date: _____

Phone: () _____ FAX: _____ Email: _____

Institution: _____

Applicant Information

Applicant's Name: _____

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, but is not Radiology Board certified at this time, **OR**
- Other neuroradiologist, radiologist, physician, or scientist, with an interest in Neuroradiology, **OR**
- Neuroradiologist who trained and practices outside of North America

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

ADDITIONAL COMMENTS (optional): _____



ASNR

2210 Midwest Road, Suite 207
Oak Brook, IL 60523-8205

Credit Card Authorization Form for *Member* Status

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
Member	\$575 + \$25 application fee	\$600	\$457	\$313	\$600
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<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.

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.