



Application for *Member-in-Training*

Only available to fellows in ACGME or RCPSC-accredited Neuroradiology training program.

(Please type or print legibly in **black ink**)

The American Society of Neuroradiology has a special offer for Fellows -- an invitation to join over 4,200 Neuroradiologists and scientists – **free of charge, during their fellowship!**

Name _____ Date _____
First / Middle Initial / Last Name / Degree

Here are some of the benefits of membership:

- **Access to the online version** of the *American Journal of Neuroradiology (AJNR)*, the preeminent journal in Neuroradiology
- **Opportunity to register early for the ASNR Annual Meeting**
- **Access to the “Members Only” section** of the ASNR website. Network with your peers by searching the **online membership directory**, and gain free access to instant, **online continuing medical education** through ASNR eCME
- Electronic member newsletter

Preferred Mailing Address (check one): _____ Home _____ Institution

Home Address _____
City _____ State/Province _____ Zip _____
Phone () _____

Institution _____
Department _____ Address _____
City _____ State/Province _____ Zip _____
Phone () _____ Fax () _____
e-mail (required) _____

Fellowship Training

Start date for training ____/____/____ Anticipated completion date ____/____/____
If you're in the second year of a fellowship, and the first year was performed at a different institution, provide the following: Program Director _____
Institution _____ from ____/____/____ to ____/____/____

Signature of Program Director

As the Fellowship Program Director, I am familiar with the applicant's training, and find the information contained on this application to be correct, to the best of my knowledge.

Fellowship Program Director _____
(Print name)

(Signature)

Mail or fax completed application to:
ASNR Membership Department
2210 Midwest Road, Suite 207
Oak Brook, IL 60523-8205

Ph: 630-574-0220 ext. 234
Fax: 630-574-0661