



ASNR

Application for *Research Scientist* Membership

Applicants for *Research Scientist* status are: physicists (PhD) or neuroscientists (MS, PhD) with an interest in and/or position relevant to Neuroradiology or Radiology, but who may not fulfill the requirements for *Senior* membership.

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: () _____

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

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

PART II. Sponsor

Applicants must be sponsored by one ASNR member currently holding *Senior, Member, or Research Scientist* status.

1) Complete the enclosed Sponsor Form. 2) Have the sponsor review and sign it. 3) Return the form with the application.

Sponsor's Name: _____

Requirements to apply for *Research Scientist* status ...

- Completed application
- Sponsor Form (provide one sponsor currently holding *Senior, Member, or Research Scientist* status)

The application fee and membership dues have been waived for *Research Scientists* for the first two years.

Applicant's Signature

Date

Complete all the information on the application, include Sponsor Form, 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 *Research Scientist* Membership

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

Sponsor Information ... Sponsor must currently hold *Senior, Member, or Research Scientist* status.

Sponsor's Name: _____ Date: _____
Phone: () _____ FAX: _____ Email: _____
Institution: _____

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

Applicant's Name: _____

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

ADDITIONAL COMMENTS (optional): _____

