



## Application for *Research Scientist* Status

**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 & 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, and be in receipt of written notification of acceptance. Visit [www.asnr.org](http://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: 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 \_\_\_\_\_

### **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](mailto:bmack@asnr.org)

**Website:** [www.asnr.org](http://www.asnr.org)

**American Society of Neuroradiology**

2210 Midwest Road, Suite 207

Oak Brook, IL 60523-8205

**Sponsor Form for *Research Scientist* Status**

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

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

Sponsor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ph: A/C \_\_\_\_\_ 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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_