



The American Society of Neuroradiology has a special offer for Fellows -- an invitation to join over 3,900 Neuroradiologists and scientists – **free of charge, during their fellowship!**

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 47th Annual Meeting**, May 16-21, 2009, Vancouver Convention & Exhibition Centre, Vancouver, BC, Canada
- **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
- Member mailings

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

Application for *Member-in-Training*

Only available to fellows in ACGM or RCPSC-accredited Neuroradiology training programs.

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

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

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 ____/____/____

Signatures (Program Director)

The following individual is familiar with the applicant's training, and finds the information contained on this application to be correct, to the best of his/her knowledge.

Fellowship Program Director _____
 (Print name)

_____ (Signature)

Is the Fellowship Program Director an ASNR *Senior* Member? ____ Yes ____ No

If Program Director is **not** an ASNR *Senior* Member, provide the name of an ASNR *Senior* Member _____
 (Print name)

_____ (Signature)