

AMERICAN SOCIETY OF SPINE RADIOLOGY

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

630-574-0220 Ext. 234 ♦ FAX: 630-574-0661

Internet: www.asnr.org/assr

APPLICATION FOR MEMBERSHIP

Please type or print legibly

Deadline: January 9, 2004

Indicate category applying for: Active Associate

Are you an **ASNR member**? Yes No

1. **Name** _____
First/Middle/Last/Degree

2. List *both* home and office addresses:

Home

Office

Address _____

Institution _____

City _____

Department _____

State _____ Zip _____

Address _____

Phone: A/C () _____

City _____ State _____ Zip _____

E-Mail Address _____

Phone: A/C () _____

FAX _____

-

3. **Sponsorship** (ASNR members do not require sponsors. **All other candidates** *must* be sponsored in writing by 2 ASNR *Active* or ASNR *Senior* members) Please list the sponsors below:

Sponsor 1 _____

Sponsor 2 _____

Title _____

Title _____

Institution _____

Phone: A/C () _____

Institution _____

E-mail _____

Phone: A/C () _____

E-mail _____

4. **Board Certification** (*Active* candidates need to be certified in Radiology by the ABR, RCPS or equivalent.)

Board or Tribunal _____

Date of Certification _____

5. **Fellowship Training or Postgraduate Education**

Institution/Department _____

Program Director _____

Dates _____

Institution/Department _____

Program Director _____

Dates _____

6. **Medical or Graduate Education**

Institution

Degree

Date
(continued on reverse side)

7. Residency Training

Institution/Department Program Director Dates

Institution/Department Program Director Dates

Institution/Department Program Director Dates

8. Licensure States/Countries in which licensed to practice medicine and license number(s)

9. Memberships ASNR ASITN ASPNR ASHNR

Other Societies and/or other Professional
Organizations _____

10. Current Hospital and Faculty Appointments

Title/Position

Title/Position

Institution

Institution

Phone: A/C () _____

Phone: A/C () _____

FAX _____

FAX _____

11. Current Practice: _____ % devoted to spine radiology.

12. Specific Interests or objectives: _____

13. I agree to abide by the Bylaws of the ASSR and any revisions thereof:

Applicant's Signature

Date

IMPORTANT!!

If you are **not** currently an ASNR member, you **must** include the documentation indicated below **by the deadline**. Incomplete applications **will not** be routed to the Membership Committee. **Everyone applying for Active membership must pay the \$25 application fee, and submit a copy of their Radiology Board or CAQ certificate.**

Include an original and 3 copies of the following documents:

Active Membership

- ◆ Completed Application
- ◆ 2 Letters of support *
- ◆ Current CV detailing training and professional experience
- ◆ Copy of Board Certificate (all applicants)
- ◆ \$25 application fee (all Active applicants)

Associate Membership

- ◆ Completed Application
- ◆ 2 Letters of support *
- ◆ Current CV

* Letters of support may be from 2 ASSR Active members or ASNR Senior members.

Return applications to:

American Society of Spine Radiology
Attention: Membership
2210 Midwest Road, Suite 207 ♦ Oak Brook, IL 60523-8205