



Application for International Membership

I am a:

- Diagnostic radiologist
 Interventional radiologist
 Radiation oncologist
 Nuclear medicine physician
 Medical physicist

I am applying to be an:

International Member

By checking the box above, you are certifying that you are eligible to practice or certified to practice radiology/radiation oncology/medical physics outside the United States or Canada and therefore are eligible only to be an International Member of the American College of Radiology.

Please print or type.

Applicant's Name in Full: _____ Degrees: _____
Last First Middle (M.D., Ph.D., M.B. etc.)

Former Name: _____ E-mail Address: _____

Home Address: _____ Business Address: _____

City _____ City _____

State/Province _____ ZIP/Postal Code _____ State/Province _____ ZIP/Postal Code _____

Country _____ Country _____

Home address will be used for mailings.

Preferred Billing Address: Home Business

Business information will be used for Membership Directory, per ACR Council 1987 resolution, amended 1997, 2007 (Res. 36-a).

Home Phone _____ Business Phone _____

Home Fax _____ Business Fax _____

Gender M F

Birth Date* _____

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*Birth date is used to uniquely identify you in our database.

