

**APPLICATION FOR MEMBERSHIP/
CHAPTER APPLICATION FOR MEMBERSHIP**

I am a: diagnostic radiologist interventional radiologist radiation oncologist nuclear medicine physician
 medical physicist

Please check which category of membership for which you are applying:

- Member.** I am certified by the ABMP ABNM ABR AOBR
 RCPS (Canada) Collège des médecins du Québec Date Certified _____
- Associate Member.** I practice radiology/radiation oncology/radiological physics/nuclear medicine on a full-time basis. I am not certified by the ABMP, ABNM, ABR, AOBR or RCPS, or the Collège des médecins du Québec.
- International Member.** I reside outside the United States and Canada. I am eligible or certified to practice within my country.

NOTE: Applicants practicing in the US must also belong to a College chapter. Chapter membership is optional for active employees of the U.S. military services and the U.S.P.H.S. This application is also an application for chapter membership. Applicants practicing in Canada must belong to the Canadian Association of Radiologists. Call the CAR at (514) 738-3111 to join the CAR or to verify your CAR membership.

PLEASE PRINT OR TYPE

NAME _____			DEGREES _____		
Last	First	Middle	(MD, PhD, MB, etc.)		
FORMER NAME _____			E-MAIL ADDRESS _____		
HOME ADDRESS _____			BUSINESS ADDRESS _____		
_____			_____		
_____			_____		
City	State/Province	ZIP	City	State/Province	ZIP

Home address will be used for mailings. **BILLING ADDRESS** Home Business
Business information will be used for Membership Directory, per ACR Council 1987 resolution, amended 1997 (Res. 35-B).

HOME PHONE (____) _____ BUSINESS PHONE (____) _____

HOME FAX (____) _____ BUSINESS FAX (____) _____

GENDER M F BIRTH DATE* _____ SOCIAL SECURITY #-LAST 4 DIGITS* _____

Check if employed fulltime by: Veterans Admin. USPHS Army Navy Air Force Marines

RESIDENCY TRAINING _____
Name of Institution _____ Specialty _____ Yr Grad _____

FELLOWSHIP TRAINING _____
Name of Institution _____ Specialty _____ Yr Grad _____

REQUIRED-TWO CHAPTER SPONSOR SIGNATURES.** You must join the chapter 1) where you conduct your principal practice, 2) where you reside or 3) located within 25 miles of either location. To join, please obtain the signatures of two people who are **active members** in good standing of the **chapter** for which you are applying.

1. _____ SIGNATURE OF FIRST SPONSOR	2. _____ SIGNATURE OF SECOND SPONSOR
1. _____ LEGIBLY PRINTED NAME OF FIRST SPONSOR	2. _____ LEGIBLY PRINTED NAME OF SECOND SPONSOR

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant _____
Date

**Note: See enclosed Dues Schedule for chapters that do not require sponsors.
****RADIATION ONCOLOGISTS:** ACR Bylaws provide that as a member of CARROS (Council of Affiliated Regional Radiation Oncology Societies), you may elect to be state chapter inactive—no sponsor signatures (see above) are required. **You are still liable for state chapter dues. You may not vote or hold state chapter office.** Check here to be state chapter inactive:

Enclose check payable to ACRA to cover both ACR/ACRA and chapter dues. Refer to enclosed Dues Schedule (In AR, CA, Canada, CO, CT, DE, FL, NJ, PA attach only ACRA payment—chapter will bill you separately). **Mail application and payment to:**

Membership Services • American College of Radiology • 1891 Preston White Dr. • Reston, VA 20191-4397
• (703) 648-8900, ext. 4064 • (800) 347-7748 • Fax (703) 264-2093 • E-mail membership@acr.org

*Birth date and social security numbers are used to uniquely identify you in our database.