



Retired Request Form

ACR Office Use Only

Member type _____

Membership # _____

Request Received _____

Request Processed _____

New Member type _____

Processed by _____

In accordance with American College of Radiology (ACR) Bylaws, Article II, Section 6, "Retired Member or Fellow status may be granted upon application of a Member or Fellow who has fully retired from professional practice. A Retired Member or Fellow shall be relieved from payment of dues, have the right to be appointed to commissions, committees, and task forces and to serve in elected College office only during the first six years following the date of retirement. Notwithstanding the above, retired members are not eligible to serve on the BOC."

I request a change in my status with the American College of Radiology from active to retired. I have read and understand ACR's requirements for making such request and understand that I must pay dues for any year in which I worked, based on the schedule listed below. I also understand I may be responsible for paying chapter dues. (You may call Membership Services at (800) 347-7748 to discuss chapter dues owed.)

I certify that I fully retired from professional practice on *(fill in date)* _____.

Signature

Date

Retired Date	Dues Owed	Retired Date	Dues Owed
January 1 – March 31	No dues	July 1 – August 31	75% dues
April 1 – June 30	50% dues	September 1 – December 31	100% dues

Please update our records (information will be used to continue to send your JACR and other ACR materials).

Member name

Primary Home Address

Secondary Home Address

City, State, Zip

City, State, Zip

Primary Home Phone

Secondary Home Phone

Primary Email Address

Secondary Email Address

I am at my Primary Home Address from _____ (date) to _____ (date).

Per ACR policy, we will process your request only if we have a valid home mailing address on file for you.

**Please mail to: ACR Membership Services Dept
1892 Preston White Dr
Reston VA 20191-4326**

Or SUBMIT form to: Membership@acr.org