

RETIRED MEMBERSHIP REQUEST FORM

What Is Retired Membership Status

In accordance with American College of Radiology[®] ([ACR[®] Bylaws, Article II, Section 1, Item 6, Lines 155-161](#)), 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.

Request for Change in Membership Status

I request that my membership be changed from active to retired. I have read and understand the requirements for making such request. I understand that I must pay dues for any portion of the year in which I worked based on the schedule listed below. I also understand I may be responsible for paying chapter dues.

Retired Date	Dues Owed	Retired Date	Dues Owed
Jan. 1 – March 31	\$0	July 1 – August 31	75%
April 1 – June 30	50%	Sept. 1 – Dec. 31	100%

I certify that I am or will be fully retired from professional practice on _____

Signature

 Member name

 Primary Home Address

 Secondary Home Address

 City, State, Zip

 City, State, Zip

 Main or Mobile Phone

 Secondary Phone

 Primary Email Address

 Secondary Email Address

I am at my Primary Home Address from _____ to _____

Please update your information so we can continue to send your JACR and other member benefits. All fields are required.

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

Download for to complete and sign.

Email to membership@acr.org.

ACR Office Use Only
Member Type _____
Membership # _____
Request Received _____
Request Processed _____
New Member Type _____
Processed by _____

For more information or help with your application please contact us at membership@acr.org or 1-800-347-7748. To submit this form, click the button above or email it to membership@acr.org.