



## Retired Request Form

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.”

Retired members are not eligible to apply for FACR. In accordance with the ACR Bylaws, “Members who are fully retired may be eligible to be elected as Fellow Emeriti under extraordinary circumstances.” If the requirement for “extraordinary circumstances” is met, an online application must be submitted for consideration.

I request a change in my status with the ACR from active to retired. I have read and understand ACR’s requirements for making such requests 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 Member and Customer Service at 800-347-7748, Option 5 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
Jan. 1–March 31	No dues	July 1–Aug. 31	75% dues
April 1–June 30	50% dues	Sept. 1–Dec. 31	100% dues

**Please update our records** (the information will be used to continue to send any 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 Drive  
Reston VA 20191-4326

**or fax to:** 703-264-2093  
**or email to:** [Membership@acr.org](mailto:Membership@acr.org)