

Membership Application

SNMMI's membership year runs from October 1 – September 30.

Name _____ Suffix _____

Designations _____ Medical Education Number _____

Birth Date _____ Gender _____

WORK ADDRESS:

Company/Institution _____

Street Address _____

City, State, Zip _____ Country _____

Work Email _____ Work Phone _____

HOME ADDRESS:

Street Address _____

City, State, Zip _____ Country _____

Personal Email _____ Phone _____

Preferred Mailing Address: Home Work

Preferred Email Address: Home Work

PRINT PUBLICATION(S):

SNMMI publications are now online. If you would like print issues, please opt-in below:

*The Journal of Nuclear Medicine (JNM) **Opt-in**

*\$25 shipping charge for international members

JNM Shipping Fee \$ _____

(International only)

Journal of Nuclear Medicine Technology (JNMT)

MEMBERSHIP TYPE:

Please select your appropriate member type below.

- Full Member- \$485
- Affiliate Member- \$375
- Associate Member- \$345
- Associate Scientific Lab Professional- \$179
- Associate Technologist- \$125
- Technologist- \$110
- Scientific Lab Professional- \$110

COUNCIL AND CENTER AFFILIATIONS:

I wish to add to the following:

- Academic Council: \$15
- Advanced Associate Council: \$15
- Brain Imaging Council: \$15
- Cardiovascular Council: \$20
- Center for Molecular Imaging Innovation & Translation: \$15
- Correlative Imaging Council: \$20
- General Clinical Nuclear Medicine Council: \$20
- PET Center of Excellence: \$15
- Physics, Instrumentation and Data Sciences Council: \$15
- Pediatric Imaging Council: \$20
- Radiopharmaceutical Sciences Council: \$20
- Therapy Center of Excellence: \$15

CHAPTER AFFILIATION:

A chapter will automatically be assigned based on geographic location (US/CN only) with fees assigned by membership type.

Chapter _____ Dues \$ _____

IN-TRAINING MEMBERSHIP:

Physicians, scientists, technologists, and scientific laboratory professionals who are enrolled in accredited training programs or postdoctoral fellowships are awarded free In-Training Membership with SNMMI.

I am a...

- Resident/Fellow
- Scientist
- Technologist Student*
- Medical Student

*Annual dues are free for two years during your training program.

Program Type:

- Nuclear Medicine Technologist Student
- Nuclear Medicine Fellow
- Nuclear Medicine Resident
- Radiology/Nuclear Radiology Fellow
- Radiology Resident
- Scientist-in-Training
- Medical Student
- Other:

PAYMENT INFORMATION American Express Mastercard VISA Total Amount Paid: _____

Credit Card Number: _____ Expiration Date: _____

Name as it appears on Card: _____ Verification Code: _____

Cardholder Signature: _____ Today's Date: _____

Check: Please make check payable to the Society of Nuclear Medicine and Molecular Imaging (in U.S. Dollars)

Full Name _____

Year Entered NM/Radiology profession (yyyy) _____

CONTINUING EDUCATION CREDIT TYPE

- AMA (Physician)
- ACPE (Pharmacist)
- VOICE (Technologist)
- CAMPEP (Physicist)
- NON-Credit (In-Training/Other)

CURRENT CERTIFICATIONS

- ABIM ARRT (MR) NMTCB (NCT)
- ABNM ARRT (N) NMTCB (PET)
- ABSNM ARRT (R) RPH
- ABR BCNP Other: _____
- ARRT (CT) NMTCB (CNMT) None

EARNED DEGREES

- AA DSc MPH
- AAS JD MS
- AS MB MSc
- BA MBA PharmD
- BS MD PhD
- BSC Med Other: _____
- DO

JOB FUNCTION

- Cardiology Technologist
- Chief Technologist
- Clinical Research Technologist
- Consultant
- Educator/Teacher
- Healthcare Administrator
- Medical Student
- Management
- Nuclear Medicine Physician
- Nuclear Medicine Technologist
- Nurse
- PET Technologist
- Product Research & Development
- Quality Management/Assurance
- Radiation Safety Officer
- Radiographer
- Radiologist
- Radiopharmacist
- Research Scientist
- Resident
- Sales & Marketing
- Staff Technologist
- Technical Director
- Technologist Student
- Medical Physicist
- Radiochemist
- Scientific Lab Professional
- Other: _____

PROFESSIONAL TITLE/POSITION

- Administrative Technologist
- Administrator
- Cardiology Technologist
- Clinical Research Technologist
- Commercial
- Director
- Educator
- Nuclear Medicine Technologist
- PET Technologist
- Pharmacist
- Physician
- Program Director
- Radiation Safety Officer
- Research Technologist
- Resident
- Retired
- Scientist
- Staff Technologist
- Supervisor
- Technical Director
- Technologist Student
- Other _____

WORKPLACE ENVIRONMENT

- Education in Classroom
- Emergency Medicine
- Family Practice
- Geriatrics
- Internal Medicine
- Molecular Imaging
- Neurology
- Nuclear Medicine
- Combined Nuclear Medicine/Radiology
- Optical Imaging
- Pediatrics
- Pharmacy
- Physics
- Radiation Therapy
- Radiology
- Veterinary Medicine

PRIMARY PLACE OF WORK

- Academic Institution
- Academic Research Center
- Departmental Library
- Free-Standing Imaging Facility
- Government Laboratory
- Industry
- Institutional Library
- Medical Center
- Military Clinic/Hospital
- Mobile Unit
- Molecular Imaging Laboratory
- Non-University Affiliated Hospital
- University Affiliated Medical Center
- Other _____

AREA OF PRACTICE

Specialties	Primary Specialty	Secondary
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Administration	<input type="checkbox"/>	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Medical Physics	<input type="checkbox"/>	<input type="checkbox"/>
Molecular Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear Medicine Technology	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>
Radiochemistry	<input type="checkbox"/>	<input type="checkbox"/>
Radiopharmacy	<input type="checkbox"/>	<input type="checkbox"/>

*Additional specialty selections available on your My SNMMI online profile.