

APPLICATION FOR EMERITUS STATUS

Any member of the Technologist Section, at age 65 with 10 years active membership, or after retirement at any age from active or practice, teaching or research, with ten years active membership, or any member who, by reason of permanent disability or undue hardship has been rendered unable to continue active membership, may apply for any Emeritus Membership classification to the Chairman of the Membership Committee of the Section. Emeritus classification of member Emeritus will be awarded by a majority vote of the National Council. Any member holding an emeritus classification will have all the privilege of his/her corresponding non-emeritus membership category except the right to hold elective office and to receive the journal.

(Please Print): Member Number: _____ Date of Birth: _____ Date Joined: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

I would like to become an Emeritus member of the Society of Nuclear Medicine and Molecular Imaging Technologist Section. The type of Emeritus membership I am interested in is (please select one):

- Emeritus I - free of charge with online access to JNM or JNMT only.
- Emeritus II – annual cost of \$165; includes a printed subscription to JNM and/or JNMT.

I confirm that I meet the required criteria for emeritus status for the following reason (please select one):

- 65 and have been a member with 10 active years of service.
- Retired from active or practice, teaching or research, with 10 years active membership.
- Due to permanent disability or undue hardship I am unable to continue active membership. Please explain.

I, the undersigned, verify that all of the above information I have listed is true to the best of my knowledge.

Applicant's Signature: _____ Date: _____

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)

For SNMMI Internal Use:

Date Received: _____ Join Date: _____ 10 Yrs of Membership Met: **Yes No**

Date Approved: _____ Comments: _____