



APPLICATION FOR MEMBERSHIP/
CHAPTER APPLICATION FOR MEMBERSHIP

I am a: [] diagnostic radiologist [] interventional radiologist [] radiation oncologist [] nuclear medicine physician
[] medical physicist

Please check the category of membership for which you are applying:

- [] Member. I am certified by the [] ABMP [] ABNM [] ABR [] AOBR [] RCPS (Canada) [] Collège des médecins du Québec Date Certified
[] Associate Member. I practice radiology, radiation oncology, radiological physics, or nuclear medicine on a full-time basis. I am not certified by the ABMP, ABNM, ABR, AOBR, RCPS, or Collège des médecins du Québec.
[] International Member. I reside outside the United States and Canada. I am eligible or certified to practice within my country.

NOTE: Applicants practicing in the United States must also belong to a College chapter. Chapter membership is optional for active employees of the US military services and the USPHS. This application is also an application for chapter membership. Applicants practicing in Canada must belong to the Canadian Association of Radiologists. Call the CAR at (514) 738-3111 to join the CAR or to verify your CAR membership.

PLEASE PRINT OR TYPE.

NAME _____ DEGREES _____
Last First Middle (MD, PhD, MB, etc)
FORMER NAME _____ E-MAIL ADDRESS _____
HOME ADDRESS _____ BUSINESS ADDRESS _____
City State or Province ZIP City State or Province ZIP

Home address will be used for mailings. BILLING ADDRESS [] Home [] Business
Business information will be used for the membership directory per ACR Council 1987 resolution, amended 1997 (Res 35-B).

HOME PHONE () BUSINESS PHONE ()

HOME FAX () BUSINESS FAX ()

GENDER [] M [] F BIRTH DATE* SOCIAL SECURITY NO.—LAST 4 DIGITS*

Check if employed fulltime by: [] Veterans Admin. [] USPHS [] Army [] Navy [] Air Force [] Marines

RESIDENCY TRAINING Name of Institution Specialty Yr Grad

FELLOWSHIP TRAINING Name of Institution Specialty Yr Grad

REQUIRED: TWO CHAPTER SPONSOR SIGNATURES**. You must join the chapter (1) where you conduct your principal practice, (2) where you reside, or (3) located within 25 miles of either location. To join, please obtain the signatures of 2 people who are active members in good standing of the chapter for which you are applying.

1. SIGNATURE OF FIRST SPONSOR 2. SIGNATURE OF SECOND SPONSOR
1. LEGIBLY PRINTED NAME OF FIRST SPONSOR 2. LEGIBLY PRINTED NAME OF SECOND SPONSOR

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant Date

**Note: See the enclosed dues schedule for chapters that do not require sponsors.
**RADIATION ONCOLOGISTS: ACR bylaws provide that, as a member of CARROS (the Council of Affiliated Regional Radiation Oncology Societies), you may elect to be state chapter-inactive, that is, no sponsor signatures (see above) are required. You are still liable for state chapter dues. You may not vote or hold state chapter office. Check here to be state chapter-inactive: []

Enclose a check payable to ACRa to cover both ACR/ACRa and chapter dues. Refer to enclosed dues schedule. (In Ariz, Calif, Canada, Colo, Conn, Del, Fla, La, NJ, Pa, or Tenn, attach only ACRa payment—the chapter will bill you separately.) Mail the application and payment to:
Membership Services • American College of Radiology • 1891 Preston White Dr • Reston, VA 20191-4397
• (703) 648-8900, ext 4064 • (800) 347-7748 • Fax (703) 264-2093 • E-mail membership@acr.org