

MEMBER CATEGORIES

- Full - \$325*
 - Emeritus - \$70
 - Add print journal - \$99
 - Associate - \$162.50
 - Affiliate - \$70
 - Corporate - \$250
 - Honorary - \$70
 - Corresponding Member (L): \$100**
 - Corresponding Member (M): \$200**
- *ACNM offers a military discount. Contact ACNM for discounted rate with proof of active military duty.*
- ** Corresponding Country eligibility is determined by the World Bank list of economies and change annually. [Click here](#) for current ACNM Corresponding Country Classifications.*

IN-TRAINING

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- Opt Out: I would like to opt-out of receiving print copies of the *Clinical Nuclear Medicine (CNM)* journal (online access will not be affected).

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MEMBER INFORMATION

(Please supply Institutional and Home Address Information)

First Name: _____ Middle Initial: _____ Last Name: _____

Male Female Birth date: ____/____/____ Academic degree(s): _____

**If Resident, please complete: Date of Graduation: _____ Fellowship Completion Date: _____

Preferred mailing address: Home Work

HOME ADDRESS: Street Address/Apt.: _____ City: _____

State: _____ Country: _____ Province: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

WORK ADDRESS: Institution/Company: _____ Division: _____

Department: _____ Present Position (Title): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ E-mail: _____

PROFESSIONAL INFORMATION:

Medical School/College	Location	Degree	Year

Board Certification(s): _____

(ABMS approved) Name of specialty/subspecialty board Year: _____

Other certification: _____

Name of certifying body Year: _____

Signature of applicant: _____ Date: ____/____/____

PAYMENT INFORMATION

I am submitting a check made payable to ACNM, Check #: _____

I hereby authorize ACNM to charge my credit card Amex Visa MasterCard Total Amount: \$ _____

Credit Card #: _____ Expiration Date: _____

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You may copy this application and send it with your check or credit card information to: