

APPLICATION FOR EMERITUS STATUS

Any member of the Society of Nuclear Medicine and Molecular Imaging at age 65 and retired from practice or at the age of 70 regardless of practice and with ten (10) years of consecutive membership in the Society, or any member who, by reason of permanent disability or undue hardship, has been rendered unable to continue active membership, may apply for an Emeritus Membership classification to the Membership Committee of the Society. Emeritus members have the full privileges of the membership category from which they entered the emeritus status except the right to be elected an Officer of the Society. An Emeritus Member, however, may be elected to the office of Historian of the Society.

(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. The type of Emeritus membership I am interested in is (please select one):

- ☐ Emeritus I – \$77 with online access to JNM or JNMT only.
☐ Emeritus II – annual cost of \$169; 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):

- ☐ I am 65 and retired from practice and have been a member with 10 years consecutive years of service.
☐ I am 70 or over and have been a member with 10 years consecutive years of service.
☐ 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: _____