Revised 11/18/2000

AMERICAN COLLEGE OF RADIOLOGY/
CHAPTER APPLICATION FOR MEMBERSHIP

Please check member category for which you are applying. NOTE: 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 status.

❒ **Member**. I am certified by the ❒ABNM ❒ABR ❒AOBR ❒RCPS (Canada)

❒ **Associate Member**. I practice radiology/radiation oncology/radiological physics/nuclear medicine on a full-time basis. I am not certified by the ABNM, ABR, AOBR or RCPS.

❒ **International Member**. I reside outside the United States and Canada. I am eligible or certified to practice within my country.

Check one: I am a ❒ physician ❒ physicist. If PHYSICIST, date (year and month) highest degree was earned _____

My specialty is ❒ diagnostic radiology ❒ radiation oncology ❒ nuclear medicine

PLEASE PRINT OR TYPE

NAME_____ **DEGREES**_____
Last First Middle (MD, PhD, MB, etc)

FORMER NAME_____ **E-MAIL ADDRESS**_____

HOME ADDRESS_____ **BUSINESS ADDRESS**_____

_____ _____

_____ _____

_____ _____
City State/Providence Zip City State/Providence Zip

PREFERRED MAILING ADDRESS ❒ Home ❒ Business **PREFERRED BILLING ADDR** ❒ Home ❒ Business

Business information will be used for Membership Directory, per ACR Council resolution in 1987, amended 1997 (Res. 35-B).

HOME PHONE (____) _____ **BUSINESS PHONE** (____) _____

HOME FAX (____) _____ **BUSINESS FAX** (____) _____

SEX ❒ M ❒ F **BIRTHDATE**_____ **SOCIAL SECURITY #--LAST 4 DIGITS**_____

Check if employed by: ❒ Veterans Admin ❒ USPHS ❒ Army ❒ Navy ❒ Air Force ❒ Marines

Check if certified by the: ❒ ABR ❒ AOBR ❒ RCPS Date Certified: _____

RESIDENCY TRAINING_____ _____ _____
Name of Institution Specialty Yr Gradtd

FELLOWSHIP TRAINING_____ _____ _____
Name of Institution Specialty Yr Gradtd

TWO REQUIRED CHAPTER SPONSOR SIGNATURES*. Chapter membership is optional for International Members and active employees of the U.S. military service or U.S.P.H.S. Otherwise, you must join the state chapter in which you conduct your principal place of practice. To join, please obtain the signatures of two people who are **active members** in good standing of the **state chapter for which you are applying**. Note: Signatures may be left blank for International Members and applicants to CANADA, IDAHO, INDIANA, NEW HAMPSHIRE, and NEW YORK chapters, and for CARROS inactive state chapter members (see "Radiation Oncologists*" section below.)

1. _____ 2. _____
SIGNATURE OF FIRST SPONSOR SIGNATURE OF SECOND SPONSOR

1. _____ 2. _____
LEGIBLY PRINTED NAME OF FIRST SPONSOR **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

***RADIATION ONCOLOGISTS**: ACR Bylaws provide that as a member of CARROS (Council of Affiliated Regional Radiation Oncology Societies), you may elect to be state chapter inactive—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 check payable to ACR to cover both ACR **and** state chapter dues. Refer to enclosed ACR/Chapter Dues Schedule. (If in Canada, CT, FL, NE or OK, attach only ACR payment—state chapter will bill you separately. **Mail application and payment to:**

MEMBERSHIP DEPARTMENT • AMERICAN COLLEGE OF RADIOLOGY • 1891 PRESTON WHITE DRIVE • RESTON VA 20191-4397 • (703) 648-8900 • (800) 347-7748 • FAX (703) 264-2093 E-mail membership@acr.org