APPLICATION FOR MEMBERSHIP

FULL NAME:_____PHONE #: (H)_____

STREET:_____DISTRICT:_____

CITY:_____STATE:_____ZIP CODE:_____

MAIDEN NAME:_____

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CHECK ALL CATEGORIES THAT APPLY:
1. [____] RTR; [____] RTM; [____] RTT; [____] RTN; [____] RDMS; [____] CT; [____] MRI; [____] CVI; [___]S; [_] RVT; OTHER:_____

2. AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGY (ARRT)# _____
AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS (ASRT) [____] YES -- EXPIRATION DATE:_____. [____] NO
I HAVE APPLIED FOR MEMBERSHIP TO ASRT: _____ DATE_____.
PREVIOUS ISRT MEMBER: [____] NO; [____] YES.

3. STUDENT:
RADIOLOGIC TECHNOLOGY PROGRAM:_____GRADUATION DATE:_____

4. LIMITED RADIOGRAPHER: [____]

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PLEASE SUBMIT THE APPROPRIATE FEE ACCORDING TO YOUR MEMBERSHIP STATUS. *FISCAL YEAR BEGINS OCTOBER 1 ST OF THE CURRENT YEAR THROUGH SEPTEMBER 30*. MAKE CHECKS PAYABLE TO: ISRT

If you apply between:	JULY 15 TO DECEMBER 15	DECEMBER 16 TO JULY 14
1. ACTIVE (MUST BE ASRT & ARRT)	$40.00	$20.00
2. ASSOCIATE (MUST BE ARRT)	$45.00	$22.50
3. INACTIVE (NO LONGER EMPLOED IN THE RADIOLOGIC SCIENCES)	$40.00	$20.00
4. SUPPORTING (NOT ARRT)	$45.00	$22.50

5. STUDENT (CURRENTLY IN R.T. PROGRM) $15.00 *FOR THE ENTIRE FISCAL YEAR REGARDLESS OF WHEN YOU JOIN.*

If previous ISRT member, add an additional $5.00 for re-instatement fee to the above fee.

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I hereby make application for membership in the Iowa Society of Radiologic Technologists. I agree to support the Constitution and Bylaws of the Society and conform to the Code of Ethics adopted by it.
PLEASE SIGN:
_____DATE:_____

MAIL TO EXECUTIVE SECRETARY OF THE ISRT:
REVISED: 4/79; 11/82; 11/86; 11/95; 2/2003;4/2006; 4/2007

JoAnn Horsfield, Exec. Sec.
17060 County Road D-62
Monticello, IA 52310