

APPLICATION FOR MEMBERSHIP

FULL NAME: _____ PHONE #: (H) _____

STREET: _____ AREA #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAIDEN NAME: _____ E-Mail Address _____

CHECK ALL CATEGORIES THAT APPLY:

1. RTR; RTM; RTT; RTN; RDMS; CT; MRI; CVI; 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 _____. **Send a copy of your ASRT card**
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. MAKE CHECKS PAYABLE TO: **ISRT**

- | | |
|---------------------------------|--------------------------------|
| 1. ACTIVE (MUST BE ASRT & ARRT) | \$40.00 |
| 2. ASSOCIATE (MUST BE ARRT) | \$45.00 |
| 3. STUDENT (IN R.T. PROGRAM) | \$15.00 Graduation Date: _____ |

Name of School: _____

4. SUPPORTING (NOT ARRT) \$45.00

5. INACTIVE (NO LONGER EMPLOYED IN THE RADIOLOGIC SCIENCES) \$40.00

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; 8/2009; 10/2010; 7/2011

JoAnn Horsfield, Exec. Sec

17060 County Rd. D-62
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