

APPLICATION FOR MEMBERSHIP

Join or Renew Your Membership with the ISRT online at ISRT.org



Application Type New Renewal

Full Name _____

Phone Numbers: (H) _____ (C) _____ (W) _____

Street _____ Apt # _____

City _____ State _____ Zip Code _____

Maiden Name _____ Email _____

Check all categories that apply:

RTR RTM RTT RTN RDMS CT MRI CVI RVT Other _____

American Registry of Radiologic Technology (ARRT) # _____ Exp. Date _____

American Society of Radiologic Technologists (ASRT) Yes # _____ Exp. Date _____ No

Previous ISRT Member Yes No

Iowa State Permit to Practice Number RAD _____

Limited Radiographer

Student: Radiologic Technology Program _____ Graduation Date _____

Please submit the appropriate fee according to your membership status. Make checks payable to ISRT.

- Active (Must be ASRT and ARRT) \$40.00
- Associate (Must be ARRT) \$45.00
- Student (In R.T. Program) ***School information must be completed above** \$15.00
- Supporting (Not ARRT) \$45.00
- Inactive (No longer employed in the Radiologic Sciences and Inactive with ARRT) \$40.00

If applicable, please add the following to your dues.

* If ISRT membership has expired, add an additional \$5.00 for re-intatement fee. \$5.00

* I wish to contribute to the Mary Ann Jennings Student Scholarship Fund. \$ _____

* I wish to contribute to the Radiologic Technologists Scholarship Fund. \$ _____

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.

Signature _____ Date _____

Mail to Executive Secretary of the ISRT

Darin Delker, Executive Secretary / 6223 Highway 63 / Ottumwa, Iowa 52501