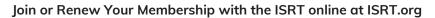
APPLICATION FOR MEMBERSHIP





Application Type $\ \square$ New $\ \square$ 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 □ RDM	IS □ CT □ MRI	□ CVI	□ RVT	☐ Other	
American Registry of Radiologic Technology (AF	RRT) #			_ Exp. Date _	
American Society of Radiologic Techologists (AS	SRT) 🗆 Yes #		Ехр.	Date	
Previous ISRT Member ☐ Yes ☐ No					
Iowa State Permit to Practice Number RAD					
Limited Radiographer					
Student: Radiologic Technology Program Grac				duation Date	
 Please submit the appropriate fee according to Active (Must be ASRT and ARRT) Associate (Must be ARRT) Student (In R.T. Program) *School information Supporting (Not ARRT) Inactive (No longer employed in the Radiologic If applicable, please add the following to your 	n must be completed	above	·	ayusic to isiti.	\$40.00 \$45.00 \$15.00 \$45.00 \$40.00
* 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 membersl support the Constitution and Bylaws of	•	-	-	-	
Signature			Date		
Mail to Everytive Secretary of the ISBT					

Mail to Executive Secetary of the ISRT

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