

MEMBERSHIP APPLICATION FORM
(Please print legibly)

Name: _____	Date: _____
Address: _____	Home Phone: _____
City: _____ State: ___ Zip _____	Email Address: _____
Employer: _____	Work Phone: _____

ARRT# _____

MEMBERSHIP STATUS

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_____ *RENEWAL*
_____ *NEW MEMBERSHIP*
_____ *STUDENT MEMBER*
_____ *RETIRED*
_____ *LIFE MEMBER*

CERTIFICATIONS OTHER THAN RADIOGRAPHY

_____ *MAMMOGRAPHY*
_____ *CT*
_____ *MRI*
_____ *RDMS*
_____ *NUCLEAR MEDICINE*
_____ *OTHER*

<u>Renewal/New Member</u>	<u>25.00</u>
<u>Student/Retired</u>	<u>FREE</u>
<u>Graduate (with verification)</u>	<u>FREE</u>

Make check payable to I.S.R.T.

Send completed application and payment to: Jennie Jenkins, ISRT Membership Officer
2136 Eagle Pointe Dr.
Ammon, Idaho 83406

THIS IS THE ONLY FORM ACCEPTED FOR MEMBERSHIP APPLICATION

Revised September, 2014