

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*

Renewel/New Member *25.00*
Retired *5.00*
Student/Graduate (with verification) *FREE*

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

Send completed application and payment to: Cathy Masters, ISRT Membership Officer
2791 W. Teano Dr
Meridian, Idaho 83646

THIS IS THE ONLY FORM ACCEPTED FOR MEMBERSHIP APPLICATION

Revised May, 2018