

**MEMBERSHIP APPLICATION FORM (Please
print legibly)**

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

ARRT# _____

MEMBERSHIP STATUS

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CERTIFICATIONS OTHER THAN RADIOGRAPHY

- RENEWAL
- NEW MEMBERSHIP
- STUDENT MEMBER
- RETIRED
- LIFE MEMBER

- MAMMOGRAPHY
- CT
- MRI
- RDMS
- NUCLEAR MEDICINE
- OTHER

Renewal/New Member	\$25.00
Retired	\$5.00
Student/Graduate (with verification)	FREE
Life Member	FREE

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

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

THIS IS THE ONLY FORM ACCEPTED FOR MEMBERSHIP APPLICATION