



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

<b>Name:</b>		<b>Date:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Email:</b>
<b>Employer:</b>			
<b>Home Phone:</b>		<b>Work Phone:</b>	

ARRT# \_\_\_\_\_

*MEMBERSHIP STATUS*

<b>MEMBERSHIP STATUS</b>	<b>CERTIFICATIONS OTHER THAN RADIOGRAPHY</b>
<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> MAMMOGRAPHY
<input type="checkbox"/> NEW MEMBERSHIP	<input type="checkbox"/> CT
<input type="checkbox"/> STUDENT MEMBER	<input type="checkbox"/> MRI
<input type="checkbox"/> RETIRED	<input type="checkbox"/> RDMS
<input type="checkbox"/> LIFE MEMBER	<input type="checkbox"/> NUCLEAR MEDICINE
	<input type="checkbox"/> OTHER

<i>Renewal/New Member</i>	<i>\$35.00</i>
<i>Retired</i>	<i>\$5.00</i>
<i>Student/Graduate (with verification)</i>	<i>FREE</i>
<i>Life Member</i>	<i>FREE</i>

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

Send completed application and payment to: Breezy Bird  
ISRT Treasurer/Membership Officer  
834 Barnwood Drive  
Idaho Falls, ID 83406

***THIS IS THE ONLY FORM ACCEPTED FOR MEMBERSHIP APPLICATION***