

THE MARYLAND SOCIETY OF RADIOLOGIC TECHNOLOGISTS

MEMBERSHIP APPLICATION



In order for this application to be processed, please print and complete the entire form.

Name of applicant

_____ (first) (middle) (last)

Address _____ (street number and name) (Apt., Bldg., Suite, etc...)

_____ (city) (state) (zip code)

Email Address _____

Home Phone _____ **Mobile Phone** _____

Place of Employment _____ **ARRT No.** _____

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Active Member
\$35.00
(Registered or Certified
with Voting Privileges) | <input type="checkbox"/> Student Member
\$16.00
(Approved Program) | <input type="checkbox"/> Supporting Member
\$50.00
(Other than Active) | <input type="checkbox"/> Associate Member
\$50.00
(Non RT, Other Licensed Professional) |
|--|--|--|---|

Bank _____ **Check No.** _____

Please indicate all modalities in which you are registered. *Include proof of registration, certification, and/or license with check:*

- | | | |
|---|---|---|
| <input type="checkbox"/> Radiography # _____ | <input type="checkbox"/> Nuclear Medicine # _____ | |
| <input type="checkbox"/> Ultrasound # _____ | <input type="checkbox"/> Radiation Therapy # _____ | |
| <input type="checkbox"/> Mammography # _____ | <input type="checkbox"/> Interventional # _____ | |
| <input type="checkbox"/> Student | <input type="checkbox"/> 1 st year | <input type="checkbox"/> 2 nd Year |

Name of Program _____ **Signature of Program Director** _____

District to which you belong:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Northwest | <input type="checkbox"/> Southern | <input type="checkbox"/> Central Maryland | <input type="checkbox"/> Eastern Shore |
| <input type="checkbox"/> Greater Baltimore | <input type="checkbox"/> Hagerstown | <input type="checkbox"/> Western Maryland | |

If accepted, I agree to support the Constitution and By-laws of the Maryland Society of Radiologic Technologists, Inc. and to conform to the Code of Ethics adopted by the American Society of Radiologic Technologists.

Signature _____ **Date** _____

Make checks payable to:
The Maryland Society of Radiologic Technologists, Inc.

Send to: MSRT Executive Secretary
P.O. Box 5747
Derwood, MD 20855

Outside groups occasionally buy our membership list; if you DO NOT

want your name released, please check