



MEMBERSHIP APPLICATION

I hereby make application for membership to ASSRT District ii and agree to support the Constitution and bylaws of the Society.

NAME: _____ RT _____ ST _____

ADDRESS: _____
(NUMBER AND STREET) .

(CITY, STATE, AND ZIP CODE)

Please state whether or not you would like to be notified of our meetings by e-mail.

Yes No .

E-mail address: _____

I am a member of the following organizations: **check appropriate boxes**

Arizona State Society of Radiologic Technologists (ASSRT)

American Society of Radiologic Technologists (ASRT)

Other Professional Organization (please specify) _____

Please indicate primary discipline of employment _____

Other modalities in which you specialize, if any _____

Checks must accompany all applications. Please make check payable to:

ASSRT District II

District II offers:

1. Educational and social meetings
2. Interesting speakers and topics monthly
3. Professional contacts and networking opportunities
4. Opportunities to meet new friends
5. Continuing education points
6. Contact with safe functions
7. Scholarship for students

ACTIVE MEMBERS \$10.00

SUPPORTING MEMBERS \$7.50

SCHOLARSHIP CONTRIBUTION=

Sponsor A Student \$ 1.00

STUDENT MEMBER \$1.00

Name of School _____

Year of graduation _____

Today date: _____