

# ASSRT -- Membership Application/Renewal Form

Arizona State Society of Radiologic Technologists **July 1 2009-June 30 2010**

Please Print Clearly

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Preferred Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_

E-Mail \_\_\_\_\_

(Receive ASSRT information and Newsletter by e-mail)

Initial       Renewal

Dues 2009-2010 \$30.00

Student Dues \$ 5.00

Optional Scholarship  
Contribution: \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

Preferred method of receiving published information? mail e-mail fax

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Credentials: Check all that apply

Certified by ARRT in:

Radiography

Radiation Therapy

Nuclear Medicine

Mammography

Computed Tomography

Magnetic Resonance

Cardiovascular-Interventional

Quality Management

Bone Densitometry

Sonography

Vascular Sonography

Other Certifications:

RDMS

CMD

CNMT

CDT

ARIZONA CPT

OTHER: \_\_\_\_\_

Student Members:

School: \_\_\_\_\_

Program: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Enclose check or money order payable to ASSRT and mail to  
**Arizona State Society of Radiologic Technologists**  
**P.O. Box 40637,**  
**Tucson, AZ 85717-0637**