

ASSRT -- Membership Application/Renewal Form

Arizona State Society of Radiologic Technologists **July 1 2010-June 30 2011**

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 2010-2011 \$40.00

Student Dues \$ 5.00

Optional Scholarship
Contribution: \$ _____

Total Enclosed: \$ _____

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

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