

B. PROFESSIONAL INFORMATION

PRACTICE TYPE:

- Government
- Hospital
- Military
- Private Practice
- University
- Other (specify): _____
- Academic/Research/Faculty

PRIMARY AREA OF PRACTICE AND/OR INTEREST:

- Abdominal Imaging
- Breast Imaging
- Cardiac Imaging
- Chest/Pulmonary Imaging
- Other (specify): _____
- Emergency Radiology
- Gastrointestinal Imaging
- Genitourinary Imaging
- Mammography
- Musculoskeletal Imaging
- Neuroradiology
- Nuclear Medicine
- Pediatric Imaging
- Radiation Oncology
- Ultrasound
- Vascular/Interventional
- Women's Imaging

EDUCATION INFORMATION

Graduate (Indicate name of medical school and year of graduation.): _____

Postgraduate (Indicate location of Residency with begin and end dates of program. If applicable, indicate location of Fellowship with begin and end dates of program. Also indicate fellowship specialty area.): _____

CERTIFICATION INFORMATION

Are you board certified? Yes No If **yes**, please complete the following:

I hereby certify that I am certified by the _____ in _____
Name of Qualifying Board Specialty (i.e. diagnostic radiology)

My certification began in _____ and I am subject to re-certification in _____
Year you became certified Year you must recertify, if applicable

Do you have a Subspecialty Certification from the American Board of Radiology? Yes No

If **yes**, please indicate the area:

- Interventional Radiology/Diagnostic Radiology
- Nuclear Radiology
- Vascular/Interventional Radiology
- Neuroradiology
- Pediatric Radiology

VOLUNTEER OPPORTUNITIES

Members are encouraged to get involved with ARRS. Volunteer opportunities are available at www.arrs.org/volunteeropportunities.

C. PAYMENT INFORMATION

Dues Amount:	
Nonrefundable Application Processing Fee:	\$50.00
Total:	

Payment Options:

- Visa
- American Express
- MasterCard
- Check (Payable to the ARRS in U.S. funds)

Card No:

Expires:

Send completed form to:

ARRS
 Attn: Member Services
 44211 Slatestone Court
 Leesburg, VA 20176-5109 U.S.A.

Toll-free: (866) 940-2777
(U.S. and Canada)

Phone: (703) 729-3353
 Fax: (703) 729-4839

Email: membership@arrs.org

Apply online at: www.arrs.org

Membership is effective upon processing of completed application and activation of account. Please allow 2–4 weeks for processing. Of the annual dues amount, \$70.00 is allocated for a subscription to the *AJR*; \$5.00 is allocated for a subscription to *ARRS InPractice*.

In submitting this ARRS membership application, I agree and understand the \$50.00 application processing fee is **nonrefundable**.

D. AUTHORIZING SIGNATURE

Sign below to indicate the information you have provided is correct to the best of your knowledge and to authorize payment as you have indicated above.

Applicant's Signature for Payment: _____ Today's Date: _____