

MEMBERSHIP APPLICATION/RENEWAL



**California
Society
of
Radiologic
Technologists**

Date _____

____ NEW ____ RENEWAL: CSRT MEMBER # _____
(We will assign a number to new members)

Last Name _____

First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ Fax _____

CRT License # _____ Limited Permit License # _____

CSRT Needs Your Help!
Please check the areas
below in which you would
be willing to volunteer a
small amount of your
time.

- Tracking legislation
- Registration Desk (at a seminar near you)
- Phone calls
- Serving on a committee:
 - event planning
 - nominating
 - member outreach
 - budget
 - fundraising
 - student involvement
- Other Help _____

MODALITIES YOU ARE INTERESTED IN:

- | | |
|--|---|
| <input type="checkbox"/> Cardiovascular-Interventional | <input type="checkbox"/> Management |
| <input type="checkbox"/> Computed Tomography | <input type="checkbox"/> Military |
| <input type="checkbox"/> Medical Dosimetry | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Education | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> Magnetic Resonance | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> Sonography |

May we use your email address to inform you of important legislation or issues of concern to imagers? Yes ____ No ____
Would you like *The Technigram* (the CSRT newsletter) mailed ____ or emailed ____ or both ____ ?

STUDENTS: Please have Program Director Sign Below to Verify Student Status:

 Program Director Date

MEMBERSHIP CATEGORY (Check the appropriate category.):

- Active/Voting (Technologists) \$45 Retired (or Inactive)\$30
 Student \$30 Associate (MDs,Vendors, Non Licensees)\$50 Limited XT \$40

Please mail application and check (payable to CSRT) to:
CSRT, P.O. Box 14502, Torrance, CA 90503 Phone: (310) 782-0927 Fax: (310) 787-0478
OR pay with Master Card or Visa Card at the CSRT website: www.csrt.org .
Please use dark blue or black ink when writing a check.