

RTEC 2005-2006

Dues: \$35.00

Make Check payable to: RTEC
Return to: B.J. Mattea
340 Acadia LN. San Rafael 94903

I AM ENCLOSING ADDITIONAL
MONEY AND ASK TO HAVE IT
CREDITED TO **GOLDEN APPLE**

Name: _____
Last First I.

Mailing Address _____

City _____ State _____ ZIP _____

Home phone (____) _____ Work phone (____) _____

e-mail number (please PRINT) _____

RT program _____

Prog. position: academic faculty _____ clinical faculty _____ program director _____

other (please explain) _____

Membership in professional groups (check all that apply):

CSRT ASRT SDMS NCSRT SCSRT ACERT AERS other _____

Please indicate your professional credentials/degrees (check all that apply):

CRT ARRT RDMS AS/AA BA/BS MA/MS Doctoral

CRT Fluoro. RT & CRT Mammo. ARRT CT or MRI or CVI or QM other _____

RTEC HAS A ROSTER FOR THE PURPOSE OF NETWORKING WITH PROFESSIONAL RADIOGRAPHY GROUPS, AS WELL AS WITHIN OUR OWN ORGANIZATION. **PLEASE INDICATE THE ADDRESS, PHONE NUMBER AND E-MAIL OF CHOICE or IF YOU DO NOT WISH TO BE INCLUDED IN THE ROSTER:**

YOU MAY INCLUDE ME ON THE ROSTER: ___YES ___NO (CIRCLE RESPONSE)

PLEASE USE MY _____ (H or W) ADDRESS AND MY _____ (H or W) PHONE

OR MY E-MAIL _____.

**FOR THE YEAR 2005-2006
FOR THIS AND SUCCESSIVE YEARS OR UNTIL THE ROSTER
PERMISSION IS RESCINDED BY THE MEMBER**