



CALIFORNIA SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Membership Application/Renewal

Members may also join or renew online at www.csrt.org

PLEASE PRINT CLEARLY

New Member

Renewing: CSRT Member # _____

Name _____ Credentials (e.g. RT(R)) _____

Email Address _____

Preferred Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Employer/School Name w/ City Location _____ Position Title _____

How did you hear about CSRT? _____

CRT Number _____ Date Initial CRT was Issued _____

ARRT Number _____ ASRT Number _____

- Select Desired Membership Level
- Active Member -1 year \$45.00/year
 - Associate Member \$50.00/year
 - Student Member** \$30.00/year
 - Graduate Bridge Member* \$35.00/year
 - Retired Member \$30.00/year

*For Graduate Bridge Members: Please list the date your initial CRT license was issued: _____

**For Student Members: Please provide your program director's contact information for verification of student status.

Program Director Name _____ Program Director Email _____

Please make checks payable to "CSRT". If you wish to use a credit card to join/renew, please visit www.csrt.org to complete your membership transaction.

Submit Completed Forms To:
 Mail to: CSRT, 4747 N. First Street #140, Fresno, CA 93726
 Email: info@csrt.org