



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 \$60.00/year
- Active Member - 2 year \$100.00/2years
- Associate Member \$60.00/year
- Student Member\*\* \$30.00/year
- Graduate Bridge Member\* \$45.00/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