

BE A LEADER

in your profession

JOIN!



California Society of Radiologic Technologists

STUDENT COMMITTEE

Have a **VOICE** in your future profession

Help make **CHANGE** happen

Meet once a month to make a **DIFFERENCE**

CONTACT : Current , **SC Chair**

thecsrtstudentcommittee@gmail.com

 **CSRT** California Society of
Radiologic Technologists



Find us on Facebook at The CSRT Student Committee

Student Committee Application Form



Name:

Address:

Email Address:

Phone:

Radiology Program:

Name of Program Director and/or Clinical Coordinator and phone number:

Check one: First Year Student Second Year Student Other

Are you a Student Member of CSRT? Yes No If yes Membership number _____

1. Why do you want to serve on the student CSRT Committee?

2. Expectations and outcome you wish to obtain by serving on the CSRT Student Committee?

3. Do you have any special talents you would like us to know about that would aid this committee?

Submit completed applications via email to:
Current SC Chair
thecsrtstudentcommittee@gmail.com



Application for Cabinet Position

Name:

Email Address:

Radiology Program:

Student Membership#

Running Position:

Q: Why do you think you would be fit for the role?

A: