

**FOURTH DISTRICT**  
**MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS**

Membership Application  
**July 1, 2011 TO June 30, 2012**

**First Name** \_\_\_\_\_ **M.I.** \_\_\_\_ **Last Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Credentials** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Home/Work Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Present Employer \_\_\_\_\_

Business Address \_\_\_\_\_

***Certified In***

- ( ) Radiography
- ( ) Nuclear Medicine
- ( ) Radiation Therapy
- ( ) Sonography
- ( ) Mammography
- ( ) MRI
- ( ) CT
- ( ) Cardiovascular/Interventional
- ( ) Quality Assurance
- ( ) Dosimetry
- ( ) Bone Densitometry

***Work In***

- ( ) Hospital
- ( ) Clinic
- ( ) Office
- ( ) School
- ( ) Commercial
- ( ) Other \_\_\_\_\_

***Position Title:***

- ( ) Gen. Diag. Technologist
- ( ) Special Procedures
- ( ) Supervisor
- ( ) Manager
- ( ) Director/Education
- ( ) Instructor
- ( ) Administrator
- ( ) Asst. Chief Admin.
- ( ) Chief Administrator
- ( ) CT Technologist
- ( ) MRI Technologist
- ( ) Mammography
- ( ) Not Employed
- ( ) Other: \_\_\_\_\_

**ACTIVE MEMBER:**

Radiologic Technologist registered, in good standing, with a nationally recognized certifying body.

\$20.00 \_\_\_\_\_

**SUPPORTING MEMBER:**

Person interested in Radiologic Technology, but not having qualifications for other member categories.

\$20.00 \_\_\_\_\_

**STUDENT MEMBER:**

Student enrolled in an education program, recognized by the ARRT. This is a 2-year maximum membership and expires upon program completion.

\$20.00 \_\_\_\_\_

**Make your check payable to: Fourth District, MSRT**

**Submit to: Barbara W. Hente, BA. RT(N) CNMT, FASRT**  
**3708 Joyce Street**  
**Granite City, Illinois 62040**