

The Missouri Society of Radiologic Technologists

Application for Membership

January 1, 2010 to December 31, 2010

Please complete ALL sections and return to MSRT with payment

New Applicant _____ Renewal _____ (other name membership under) _____

ARRT Number _____

First Name: _____ M.I. _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (home or cell) _____ (work) _____

Present Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Certified in (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Radiography | <input type="checkbox"/> Cardiovascular-Interventional | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> Radiation Therapy | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Sonography | <input type="checkbox"/> CT | <input type="checkbox"/> QM |
| <input type="checkbox"/> Bone Densitometry | | |

Check the appropriate box:

ASRT Member Yes No

MSRT Member Yes No

District Member Yes No Circle appropriate District 1 2 3 4 5 6 7 8 9

ACTIVE MEMBER: Radiologic Technologist registered and in good standing with a nationally recognized certifying body. 1 year _____ \$40
2 year _____ \$70
3 year _____ \$100

SUPPORTING MEMBER: Those persons interested in Radiologic Technology but not having qualifications for other categories. _____ \$40

GRADUATE BRIDGE: Members who are registered with the American Registry of Radiologic Technologists (ARRT), or its equivalent, and are within the first 12 months following their first graduation. _____ \$20

STUDENT: Non-registered students enrolled in an ARRT recognized Radiation Science Education Program. This is a 2 year membership which expires December 31st the year of graduation. _____ \$20

Name of School: _____ Graduation Date: _____

Make your check payable to: **M.S.R.T.**

Mail your completed application form and payment to:

**Donita Shipman,
MSRT Treasurer
34266 Hwy KK
Mora, MO 65345**

PayPal confirmation # _____

Recommended for membership by _____