

APPLICATION FOR MEMBERSHIP AND MEMBERSHIP RENEWAL MINNESOTA SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Affiliated with the American Society of Radiologic Technologists

I hereby make application for membership in the Minnesota Society of Radiologic Technologists. If accepted, I agree to support the institution and by-laws of the Society and to conform to the Code of Ethics adopted by the Society.

PLEASE PRINT OR TYPE

APPLICATION TYPE (check one)

- New Member/please complete entire application Renewal/No Address Change Renewal /Address change below

Name: _____ Date of Birth: _____
First Middle Last

Address: _____
Street / Apartment Number

City State County (Required) Zip+4

E-Mail Address: _____

Referred by a MSRT Member? Provide member Name and MSRT District: _____

PLEASE READ AND CHECK APPROPRIATE CATEGORIES

- ACTIVE** - Registered Technologists who are **ALSO** current members of **ASRT** **INCLUDE COPY OF ASRT MEMBERSHIP CARD.**
- ASSOCIATE** - Registered Technologists, ARRT/ARDMS/NMTCB/MDCB, who are **NOT** current members of **ASRT**
- RETIRED** - Technologists who meet the ARRT requirement as a retired technologist **INCLUDE COPY OF ARRT REGISTRATION CARD.**
- STUDENT** - Must be enrolled in an approved School of Radiologic Technology
School: _____ Anticipated Graduation: Month: _____ Year: _____
- SUPPORTING** - Any persons who are interested but do not meet the qualifications for active membership
- LIFE MEMBER** - *(MSRT appointment only) **HONORARY MEMBER** - *(MSRT appointment only)

PRIMARY DISCIPLINE IN WHICH EMPLOYED (Select One)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Diagnostic Radiology | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Sonography | <input type="checkbox"/> Magnetic Resonance Imaging |
| <input type="checkbox"/> Computed Tomography | <input type="checkbox"/> Mammography | <input type="checkbox"/> Bone Densitometry | <input type="checkbox"/> Cardiovascular-Interventional Technology |
| <input type="checkbox"/> Radiation Therapy | <input type="checkbox"/> Dosimetry | <input type="checkbox"/> Quality Management | <input type="checkbox"/> Vascular Sonography |
| <input type="checkbox"/> Management | <input type="checkbox"/> Educator | <input type="checkbox"/> Interventional | <input type="checkbox"/> Breast Sonography |

FEE SCHEDULE

- | | |
|--|--|
| New Member | Renewal |
| <input type="checkbox"/> Aug., Sept. or Oct. - \$45 <input type="checkbox"/> Nov., Dec. or Jan. - \$35 | <input type="checkbox"/> Renewal - \$40 (Before August 1) |
| <input type="checkbox"/> Feb., March or Apr. - \$25 <input type="checkbox"/> May, June or July - \$15 | <input type="checkbox"/> Renewal - \$45
(After August 1st: Includes \$5 Late Fee) |
| <input type="checkbox"/> Student - \$20 (Membership valid for two year program) | |

SIGNATURE OF APPLICANT _____ DATE _____

Membership fees include a subscription to the **HIGH TENSION Newsletter** of the Minnesota Society of Radiologic Technologists. Make checks payable to **MINNESOTA SOCIETY OF RADIOLOGIC TECHNOLOGISTS** and send application with correct payment to:

MSRT
300 33rd Avenue S., Suite 101
Waite Park, MN. 56387- 4523

Any Questions? Call 1-800-899-MSRT (6778)

Membership renewal is from July 1 thru July 31. Renewal forms are mailed in June and must to be returned on or before August 1
As noted in the payment schedule, a \$5 late fee is assessed on renewals after August 1.

Why not share your enthusiasm for the MSRT with your non-MSRT fellow technologists?
Visit us online at www.mnsrt.com for additional application forms!

The MSRT will not divulge any membership information to non-MSRT related entities.

MINNESOTA SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Membership Application Assistance Sheet

The MSRT Membership Application is quite easy to complete. The purpose of this sheet is to explain the different membership categories available and to highlight some of the more important aspects of the form.

Application Type: Please pick the appropriate category for your application.

Personal Information: Along with all the requested information, please be sure to provide the name of the Minnesota County you reside in. This information will assist the MSRT in the proper MSRT District assignment.

E-mail Address: If you would like to be contacted via the internet of happenings in the MSRT, please provide your e-mail address. No address lists are ever sold or given away.

Referred by a MSRT Member?: If you have been referred to the MSRT and encouraged to join by a current MSRT member, please list their name and their district location.

Membership Categories: There are several membership categories in the MSRT. A brief description of each of them follows to assist you in making the best choice.

Active: Active members are individuals who are currently registered with the American Registry of Radiologic Technologists (ARRT), or its equivalent, as well as hold membership in the American Society of Radiologic Technologists (ASRT). They shall have the right to vote and hold office. They must be currently practicing the art and science of Radiologic Technology. **Important note:** A copy of your ASRT membership card must accompany your application.

Associate: Associate members are individuals who are currently registered with the ARRT, or its equivalent and who are not active members of the ASRT. They shall not hold office. Their qualifications, privileges, and obligations shall be defined by the active members of the affiliate society, and shall be relative and restricted to the internal workings and needs of the MSRT.

Retired: Retired members are individuals who have met the ARRT, or its equivalent, retirement status. These individuals are no longer engaged in the performance of Radiologic Technology. They shall have all the privileges of members except the right to vote and hold office. **Important note:** A copy of your ARRT registration card must accompany your application.

Student: Student members are individuals enrolled in an approved radiologic technology program. Student membership will expire at the next membership renewal date following graduation or upon discontinuation of the educational program. They shall have all the privileges and obligations of members, except the right to hold office. **Important note:** Please specify your school and your anticipated graduation date.

Supporting: Supporting members are individuals who are interested in promoting the purposes and functions of the MSRT. They are not eligible for active, associate, or student membership. They shall have all the privileges and obligations of members except the right to vote and hold office.

Life and Honorary: These two membership categories are obtained by MSRT appointment only. Unless either of these honors has been bestowed on you by the MSRT, you cannot select these categories.

Primary Discipline In Which Employed: Although many technologists work in multiple areas, please specify the **ONE** area you primarily are employed in. Please do not enter multiple choices.

Fee Schedule: Select the fee schedule appropriate to your situation. Make your check payable to the MSRT.

Sign and Date your application and mail it, along with your registration fee, to the address provided. You should receive your MSRT membership card in approximately two (2) weeks.

Thank you very much for your application.
The MSRT Executive Board