



American Association for Women Radiologists

4550 Post Oak Place, Suite 342 Houston, TX 77027

Email: aawr@rsna.org WebSite: www.aawr.org

APPLICATION FOR MEMBERSHIP

Please print or type

Name _____ Social Security # _____
(As used in practice)

Married/Maiden name if different than above _____

Preferred mailing address (as it will appear in the membership directory)

City, State, Zip _____

Phone Number () _____ Office

() _____ Home

Fax Number () _____

E-mail Address () _____

Medical School _____ Year Graduated _____

Radiology Residency _____ Dates _____

Board Certification _____ Yes _____ No Type of Certif. _____ Date _____

Sub-specialty _____

Are you a member of a group practice? _____ Yes _____ No

Name of Group _____

City, State _____

Please check all that apply in each category:

Practice Type		Present Position		Organizational Membership	
Diagnostic Radiology	<input type="checkbox"/>	Academic	<input type="checkbox"/>	ACR	<input type="checkbox"/>
Therapeutic Radiology	<input type="checkbox"/>	Private Practice Salaried	<input type="checkbox"/>	RSNA	<input type="checkbox"/>
General Radiology	<input type="checkbox"/>	Private Practice Partner	<input type="checkbox"/>	ARRS	<input type="checkbox"/>
Nuclear Medicine	<input type="checkbox"/>	Trainee	<input type="checkbox"/>	AUR	<input type="checkbox"/>
		Retired	<input type="checkbox"/>	ASTRO	<input type="checkbox"/>
		Government	<input type="checkbox"/>	AMWA	<input type="checkbox"/>
				AMA	<input type="checkbox"/>
				SPR	<input type="checkbox"/>
				ASNR	<input type="checkbox"/>
				OTHER	<input type="checkbox"/>

(over)

Membership Categories

Dues

- () Active Member (board certified radiologist or physicist in U.S. or Canada) \$100.00
- () Associate Member (non-board certified radiologist in U.S. or Canada) \$100.00
- () First Year in Practice in U.S. or Canada \$ 50.00
- () Emeritus (previously active but no longer practicing) \$ 25.00
- () Corresponding International Member (radiologist outside U.S. and Canada) \$ 15.00
- () Member-in-Training (3rd □, 4th □, or 5th □ year resident or fellow) \$ 15.00
- () Member-in-Training (1st □ or 2nd □ year resident) Free

} **Indicate which category**

Active Members may vote and hold all offices. Associate members may vote and serve on committees but may not hold office. Members-in-training may not vote or hold office but may serve on some committees with vote. Emeritus Members shall have the right to vote and serve on committees, but shall not have the right to hold office. Corresponding International Members may serve on Ad Hoc Committees but shall not have the right to vote or hold office.

The membership year is the calendar year.

Check here if you would like to serve on AAWR committees _____

Indicate which committee(s): _____

Questions or problems you think the AAWR should address:

Suggestions for speakers, topics for refresher courses:

Signature _____ **Date** _____

Please mail this form and your check for dues made payable to the AAWR to:

**American Association for Women Radiologists
4550 Post Oak Place, Suite 342
Houston, TX 77027
Phone: 713-623-8335
Fax: 713-960-0488**

PAY BY CREDIT CARD BY FILLING OUT THE CREDIT CARD INFORMATION BOX

CREDIT CARD INFORMATION	
_____ American Express _____ MasterCard _____ Visa	
CC Number _____	
Expiration Date _____	
Cardholder's Name _____ (as it appears on the card)	
Cardholder's Signature _____	