



American Association for Women Radiologists

4550 Post Oak Place, Suite 342, Houston, TX 77027 Phone: 713-965-0566
Email: admin@aawr.org Web site: www.aawr.org

APPLICATION FOR MEMBERSHIP

First _____ Middle _____ Last _____ Gender Male Female

Degree(s): MD DO PhD FACR Other _____

Contact Information: (Please provide both work and office info and check preferred contact)

<p>Home</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>City/State/Zip Code: _____</p> <p>Country: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>	<p>Office</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>City/State/Zip Code: _____</p> <p>Country: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>
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Medical School _____ Year Graduated _____

Radiology Residency _____ Dates _____

Board Certification: Yes No Type of Certificate _____ Date _____

Sub-specialty: Indicate primary specialty for directory listing.

- | | | | |
|---------------------|------------------|--------------------|--------------------|
| Abdominal Imaging | Diagnostic | Magnetic Resonance | Radiation Oncology |
| Body Imaging | Gastrointestinal | Musculoskeletal | Thoracic |
| Breast/Mammography | General | Neuroradiology | Ultrasound |
| Cardiovascular | Genitourinary | Nuclear Medicine | Women's Imaging |
| Chest | Head & Neck | Pediatrics | Other |
| Computed Tomography | Interventional | Physics | _____ |

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	Academic	ACR
Therapeutic Radiology	Private Practice Salaried	RSNA
General Radiology	Private Practice Partner	ARRS
Nuclear Medicine	Trainee	AUR
Radiation Oncology	Retired	ASTRO
	Government	AMWA
		AMA
		SPR
		ASNR
		OTHER

(more)

Membership Categories

Dues

- () Active Member (board certified radiologist or physicist in U.S or Canada) \$125.00
- () Associate Member (non-board certified radiologist in U.S. or Canada) \$125.00
- () First Year in Practice in U.S. or Canada \$ 50.00
- () Second 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) \$20
- () Member-in-Training (1st or 2nd year resident) Free
- () Medical Student Free

} **Indicate which category**

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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. Membership year is the calendar year.

Indicate which committees (if any) you would like to serve on:

- | | | | |
|--|---|--|---|
| ACR Councilor <input type="checkbox"/> | International <input type="checkbox"/> | Nominating <input type="checkbox"/> | Public Relations <input type="checkbox"/> |
| Awards <input type="checkbox"/> | Legislative <input type="checkbox"/> | Outreach-Med Students <input type="checkbox"/> | Salary Equity <input type="checkbox"/> |
| Bylaws <input type="checkbox"/> | Member-in-Training <input type="checkbox"/> | Outreach-Regional <input type="checkbox"/> | Website <input type="checkbox"/> |
| Child Care <input type="checkbox"/> | Membership <input type="checkbox"/> | Program <input type="checkbox"/> | |
| Corporate Support <input type="checkbox"/> | | Promote Women <input type="checkbox"/> | |

Languages Spoken: _____

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) 965-0566
Fax: (713) 960-0488

CREDIT CARD INFORMATION	
____American Express____MasterCard____ Visa	
CC Number	_____
Expiration Date	_____ Security Code (3-4 digits) _____
Cardholder's Name	_____
	(as it appears on the card)
Cardholder's Signature	_____

Check out our Web site: www.aawr.org for more information!