

MEMBERSHIP INFORMATION

First Name/Given: _____ Middle Name: _____ Last Name/Surname: _____

Date of Birth (mm/dd/yy): ____/____/____ Primary Email: _____ Primary Phone: _____

Institution/Company: _____ Gender: _____ ☐ Prefer not to say

Preferred Address: ☐ Home ☐ Institution/Company: _____

City: _____ State: _____ Zip/Postal: _____ Country: _____

DEGREE & PROFESSIONAL CLASSIFICATION

DEGREE <i>Check all that apply</i>	DATE DEGREE RECEIVED	PROFESSIONAL CLASSIFICATION <i>Check all that apply</i>	SPECIALTY: EXPERTISE/TRAINING	
<input type="checkbox"/> B.A.		<input type="checkbox"/> Administrator	<input type="checkbox"/> Biomedical Engineering	<input type="checkbox"/> Neuroscience/Psychology
<input type="checkbox"/> B.Sc.		<input type="checkbox"/> Basic Scientist	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Oncology
<input type="checkbox"/> BE/BSE/BCS/ _____		<input type="checkbox"/> Clinical Scientist	<input type="checkbox"/> Chemical Engineering	<input type="checkbox"/> Physics (incl. Med. Phys, Biophys.)
<input type="checkbox"/> M.Sc.		<input type="checkbox"/> Educator/Professor	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Physiology
<input type="checkbox"/> M.D.		<input type="checkbox"/> Engineer	<input type="checkbox"/> Computer/Information Science	<input type="checkbox"/> Psychiatry/Psychology
<input type="checkbox"/> Ph.D.		<input type="checkbox"/> Industrial Management	<input type="checkbox"/> Electrical Engineering	<input type="checkbox"/> Radiology (incl. Nuclear Med.)
<input type="checkbox"/> M.D. & Ph.D.		<input type="checkbox"/> Radiologist	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Other - Clinical: _____
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Other - Science: _____

MEMBERSHIP CATEGORIES

MEMBERSHIP TYPE	1 YEAR	2 YEARS	3 YEARS
<input type="checkbox"/> ISMRRM Full (High-Income Country) A Full Member is an individual who is involved in magnetic resonance in medicine, biology, or other related topics, in research, education, manufacture, or practice. Full Members have the right to vote and hold office. The applicant must submit one copy of their curriculum vitae with, where possible, a list of peer-reviewed publications in the field of MR. Do not include abstracts or book chapters.	<input type="checkbox"/> US\$230.00	<input type="checkbox"/> US\$440.00	<input type="checkbox"/> US\$635.00
<input type="checkbox"/> ISMRRM Full (LMIC) An individual who is currently living in a Low- or Middle-Income Country, who is involved in magnetic resonance in medicine, biology, or other related topics, in research, education, manufacture, or practice. Full Members have the right to vote and hold office.	Please email membership@ismrm.org regarding your dues.		
<input type="checkbox"/> ISMRRM Emeritus An Emeritus Member is an ISMRRM member who has paid the specified regular dues for at least five (5) years and has retired from more than casual employment.	<input type="checkbox"/> US\$55.00	N/A	N/A
<input type="checkbox"/> ISMRRM Trainee A Trainee Member is an individual enrolled full-time in an academic program that actively engages in the application of magnetic resonance in medicine and biology. The applicant must submit one copy of their abbreviated curriculum vitae and a brief statement on letterhead signed by a department head/adviser which describes the training program, type of degree, field of study, and expected date of completion by the applicant.	<input type="checkbox"/> US\$55.00	N/A	N/A
<input type="checkbox"/> ISMRRM/ISMRT Dual Membership Dual membership offers the best of both ISMRRM and ISMRT.	Please email membership@ismrm.org regarding your dues.		

ISMRRM CHAPTERS

To join ISMRRM Chapters, please log in to your account.

ISMRRM STUDY GROUPS

Join up to 3 study groups for FREE, then USD \$5.00 per additional group.

<input type="checkbox"/> Artificial Intelligence & Machine Learning (AI/ML)	<input type="checkbox"/> Low Field MRI	<input type="checkbox"/> MR in Radiation Therapy	<input type="checkbox"/> Placenta & Fetus
<input type="checkbox"/> Body MRI	<input type="checkbox"/> Metabolomics & Metabolomic Imaging	<input type="checkbox"/> MR of Cancer	<input type="checkbox"/> Pulmonary MR
<input type="checkbox"/> Brain Function	<input type="checkbox"/> Molecular & Cellular Imaging	<input type="checkbox"/> MR Safety	<input type="checkbox"/> Quantitative MR
<input type="checkbox"/> Cardiac MR	<input type="checkbox"/> Motion Detection & Correction	<input type="checkbox"/> MR Spectroscopy	<input type="checkbox"/> Renal MRI
<input type="checkbox"/> Chemical Exchange Saturation Transfer	<input type="checkbox"/> MR Contrast Agents	<input type="checkbox"/> MRI Coils	<input type="checkbox"/> Reproducible Research
<input type="checkbox"/> Diffusion	<input type="checkbox"/> MR Elastography (MRE)	<input type="checkbox"/> MRI of Neuromodulation	<input type="checkbox"/> Ultra-High Field MR
<input type="checkbox"/> Electro-Magnetic Tissue Properties	<input type="checkbox"/> MR Engineering	<input type="checkbox"/> Musculoskeletal MR	<input type="checkbox"/> White Matter
<input type="checkbox"/> Hyperpolarization	<input type="checkbox"/> MR Flow & Motion Quantitation	<input type="checkbox"/> Pediatric MR	<input type="checkbox"/> X-Nuclei Imaging
<input type="checkbox"/> Imaging Neurofluids	<input type="checkbox"/> MR in Drug Research	<input type="checkbox"/> Perfusion	
<input type="checkbox"/> Interventional MR	<input type="checkbox"/> MR in Psychiatry	<input type="checkbox"/> PET/MRI	

PAYMENT INFORMATION

If paying by US check, make payable to ISMRRM. To pay by credit card, please check the type and complete below:

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

Cardholder Full Name:_____
Credit Card Number:_____ Expiration Date:_____ 3- or 4-Digit Security Code:_____
Credit Card Billing Address:_____ Postal Code:_____
Cardholder Signature: _____ Date:_____
City:_____ State:_____ Zip/Postal:_____ Country:_____

COMPLETE YOUR APPLICATION

ISMRRM FULL MEMBER APPLICANTS MUST SUBMIT: ☐ COMPLETED APPLICATION & DUES ☐ CURRENT CV

Applicant's Signature:_____ Date:_____

MEMBER OPT-IN OPTIONS

The **Membership Directory** allows only members of the society to look up contact information of other members of the Society:

☐ OPT OUT

ISMRRM/ISMRT makes its member list available to a few carefully selected companies. If you wish to be included, please OPT IN.

☐ OPT IN

International Society for Magnetic Resonance in Medicine

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