

## 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: \_\_\_\_\_

## MEMBERSHIP CATEGORIES

MEMBERSHIP TYPE	1 YEAR	2 YEARS	3 YEARS
<input type="checkbox"/> <b>ISMRT Full (High-Income Country)</b> An individual who is certified or a registered radiographer/technologist in MR imaging as defined by the standards in the country where they reside. Full Members have voting rights and are able to hold office and serve on ISMRT committees. The applicant must submit a copy of current curriculum vitae or certification registry ID.	<input type="checkbox"/> USD \$110.00	<input type="checkbox"/> USD \$215.00	<input type="checkbox"/> USD \$315.00
<input type="checkbox"/> <b>ISMRT Full (LMIC)</b> An individual who is currently living in a Low- or Middle-Income Country who is certified or a registered radiographer/technologist in MR imaging as defined by the standards in the country where they reside.	<i>Please email membership@ismrm.org regarding your dues.</i>		
<input type="checkbox"/> <b>ISMRT Affiliate</b> An individual non-radiographer/technologist working in an MRI-related field who shares the purpose of the ISMRT but is not a practicing radiographer/technologist. Affiliate Members do not have voting rights or are able to hold office; however, they are able to serve on ISMRT committees. Requirements for Application: <ul style="list-style-type: none"> <li>Completed online membership application</li> <li>Resume/CV (uploaded with application)</li> </ul>	<input type="checkbox"/> USD \$110.00	<input type="checkbox"/> USD \$215.00	<input type="checkbox"/> USD \$315.00
<input type="checkbox"/> <b>ISMRT Trainee</b> An individual actively enrolled in a full-time or part-time (min 0.5EFT) academic program in an accredited institution for: <ul style="list-style-type: none"> <li>Diploma in Medical Imaging/MRI or equivalent;</li> <li>Degree in Medical Imaging/MRI or equivalent;</li> <li>MRI Certification or equivalent;</li> <li>Master's Degree in Medical Imaging/MRI or equivalent;</li> <li>Ph.D. in Medical Imaging/MRI or equivalent; OR</li> <li>Recently graduated from one of the abovementioned accredited programs.</li> </ul> Qualifying individuals may remain a trainee member for up to three (3) years after receiving their diploma or degree. Trainee Members do not have voting rights or are able to hold office; however, they are able to serve on ISMRT committees.	<input type="checkbox"/> USD \$30.00	N/A	N/A
<input type="checkbox"/> <b>ISMRT Emeritus</b> An Emeritus Member is an ISMRT Full Member who has paid the specified regular dues for five (5) consecutive years and has retired from more than casual employment.	<input type="checkbox"/> USD \$30.00	N/A	N/A
<input type="checkbox"/> <b>ISMRT/ISMRT Dual Membership</b> Dual membership offers the best of both ISMRT and ISMRT.	<i>Please email membership@ismrm.org regarding your dues.</i>		

## DEGREE & PROFESSIONAL CLASSIFICATION

DEGREE <i>Check all that apply</i>	CERTIFICATIONS RECEIVED	CERTIFICATION - RESUME INFORMATION <i>REQUIRED - Check Which Applies</i>		ARRT CERTIFICATION <i>N. America ARRT Track &amp; Transfer</i>
<input type="checkbox"/> A.A.	<input type="checkbox"/> (MRI)	<input type="checkbox"/> Australian Registry	<input type="checkbox"/> New Zealand Registry	ARRT ID#: _____
<input type="checkbox"/> R.T.	<input type="checkbox"/> (Rad)	ID#: _____	ID#: _____	
<input type="checkbox"/> R.R.A.	<input type="checkbox"/> (Tech)	<input type="checkbox"/> North America ARRT	<input type="checkbox"/> North America ARMRT	Last 4-Digits of SS#: _____
<input type="checkbox"/> B.Sc.	<input type="checkbox"/> (N)	ID#: _____	ID#: _____	ARRT Biennium Renewal Date: Month: _____ Year: _____ (mm) (yyyy)
<input type="checkbox"/> B.Appl.Sc.	<input type="checkbox"/> (BS)	<input type="checkbox"/> Japan Registry	<input type="checkbox"/> United Kingdom ARMRT	
<input type="checkbox"/> M.Sc./M.H.Sc.	<input type="checkbox"/> (CV)	ID#: _____	ID#: _____	
<input type="checkbox"/> Ph.D.	<input type="checkbox"/> (CMT)	<input type="checkbox"/> Other - Country & ID#	*If your country of residence does not have a registry, please feel free to upload your certificate.	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Country: _____ ID#: _____		

## NATIONAL CHAPTERS & DIVISIONS

If you are a member of an ISMRT National Chapter or Division, please check the applicable box.

NATIONAL CHAPTERS:	AUSTRALIAN DIVISIONS:	NEW ZEALAND DIVISIONS:	NORTH AMERICA DIVISIONS:
<input type="checkbox"/> Australian National Chapter <input type="checkbox"/> North American National Chapter <input type="checkbox"/> New Zealand National Chapter	<input type="checkbox"/> Australian Capital Territory <input type="checkbox"/> New South Wales <input type="checkbox"/> Queensland <input type="checkbox"/> South Australia <input type="checkbox"/> Tasmania <input type="checkbox"/> Victoria <input type="checkbox"/> Western Australia	<input type="checkbox"/> North Island <input type="checkbox"/> South Island	<input type="checkbox"/> Great Lakes <input type="checkbox"/> Gulf Coast <input type="checkbox"/> Michigan <input type="checkbox"/> New England <input type="checkbox"/> New York <input type="checkbox"/> Pacific Northwest <input type="checkbox"/> South Carolina <input type="checkbox"/> Tri-State (OH-KY-IN)
ASIA DIVISIONS:		EUROPEAN DIVISIONS:	
<input type="checkbox"/> Japanese <input type="checkbox"/> Kerala		<input type="checkbox"/> Benelux <input type="checkbox"/> British & Irish	

## ISMRT STUDY GROUPS

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

<input type="checkbox"/> Body MRI	<input type="checkbox"/> Interventional MR	<input type="checkbox"/> MR in Psychiatry	<input type="checkbox"/> PET/MRI
<input type="checkbox"/> Brain Function	<input type="checkbox"/> Low Field MRI	<input type="checkbox"/> MR in Radiation Therapy	<input type="checkbox"/> Placenta & Fetus
<input type="checkbox"/> Cardiac MR	<input type="checkbox"/> Metabolomics & Metabolomic Imaging	<input type="checkbox"/> MR of Cancer	<input type="checkbox"/> Quantitative MR
<input type="checkbox"/> Chemical Exchange Saturation Transfer	<input type="checkbox"/> Molecular & Cellular Imaging	<input type="checkbox"/> MR Safety	<input type="checkbox"/> Renal MRI
<input type="checkbox"/> Diffusion	<input type="checkbox"/> Motion Detection & Correction	<input type="checkbox"/> MR Spectroscopy	<input type="checkbox"/> Reproducible Research
<input type="checkbox"/> Electro-Magnetic Tissue Properties	<input type="checkbox"/> MR Elastography (MRE)	<input type="checkbox"/> MRI of Neuromodulation	<input type="checkbox"/> Ultra-High Field MR
<input type="checkbox"/> Hyperpolarization Methods & Equipment	<input type="checkbox"/> MR Engineering	<input type="checkbox"/> Musculoskeletal MR	<input type="checkbox"/> White Matter
<input type="checkbox"/> Hyperpolarized Agents & Applications	<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	

## PAYMENT INFORMATION

If paying by US check, make payable to ISMRM. 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-Digital Security Code: _____
Credit Card Billing Address: _____ Postal Code: _____
Cardholder Signature: _____ Date: _____
City: _____ State: _____ Zip/Postal: _____ Country: _____

## COMPLETE YOUR APPLICATION

ISMRT FULL MEMBER APPLICANTS MUST SUBMIT:  COMPLETED APPLICATION & DUES  CERTIFICATION REGISTRY ID# OR CURRENT CV

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEMBER OPT-IN OPTIONS

The <b>Membership Directory</b> allows only members of the society to look up contact information of other members of the society: <input type="checkbox"/> <b>OPT OUT</b>	ISMRM/ISMRT makes its member list available to a few carefully selected companies. If you wish to be included, please OPT IN. <input type="checkbox"/> <b>OPT IN</b>
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