

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"/> ISMRT Full (High-Income Country) 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"/> US\$110.00	<input type="checkbox"/> US\$215.00	<input type="checkbox"/> US\$315.00
<input type="checkbox"/> ISMRT Full (LMIC) 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.	Please email membership@ismrm.org regarding your dues.		
<input type="checkbox"/> ISMRT Affiliate 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"> Completed online membership application Resume/CV (uploaded with application) 	<input type="checkbox"/> US\$110.00	<input type="checkbox"/> US\$215.00	<input type="checkbox"/> US\$315.00
<input type="checkbox"/> ISMRT Trainee 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"> Diploma in Medical Imaging/MRI or equivalent; Degree in Medical Imaging/MRI or equivalent; MRI Certification or equivalent; Master's Degree in Medical Imaging/MRI or equivalent; Ph.D. in Medical Imaging/MRI or equivalent; OR Recently graduated from one of the abovementioned accredited programs. 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"/> US\$30.00	N/A	N/A
<input type="checkbox"/> ISMRT Emeritus 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"/> US\$30.00	N/A	N/A
<input type="checkbox"/> ISMRT/ISMRT Dual Membership Dual membership offers the best of both ISMRM and ISMRT.	Please email membership@ismrm.org regarding your dues.		

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 & Transfer</i>
<input type="checkbox"/> A.A.	<input type="checkbox"/> (MRI)	<input type="checkbox"/> Australian Registry	<input type="checkbox"/> New Zealand Registry	ARRT ID#: _____ Last 4-Digits of SS#: _____
<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	
<input type="checkbox"/> B.Sc.	<input type="checkbox"/> (N)	ID#: _____	ID#: _____	
<input type="checkbox"/> B.Appl.Sc.	<input type="checkbox"/> (BS)	<input type="checkbox"/> Japan Registry	<input type="checkbox"/> United Kingdom ARMRT	ARRT Biennium Renewal Date: Month: _____ Year: _____ (mm) (yyyy)
<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

To join ISMRT Chapters & Divisions, please log in to your account.

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