INDIANA SOCIETY OF RADIOLOGIC TECHNOLOGISTS, INC.

Member Application/Renewal

Type or print legibly and return to the address at the bottom of the form.

☐ NEW MEMBERSHIP ☐ CURRENT MEMBER RENEWAL ☐ PAST MEMBER RENEWAL- what year were previously a member? _____

Last Name | First Name | M.I. | Maiden/Other Name

Mailing Address | City | State | Zip Code

Primary Email Address | Date of Birth

Secondary Email Address | Gender: ☐ Female ☐ Male

MEMBERSHIP ANNUAL DUES - PLEASE SELECT ONE CATEGORY -

☐ **ACTIVE — $40.00** Submit a copy of your ARRT (American Registry of Radiologic Technologists) CARD, or equivalent. (This excludes Retired Status ARRT card)

☐ **LIMITED X-RAY MACHINE OPERATOR — $40.00** Submit a copy of your current INDIANA LIMITED GENERAL STATE LICENSE

☐ **SUPPORTING — $40.00**

☐ **RETIRED — $20.00** Retired members are those who hold retired status with the American Registry of Radiologic Technologists (ARRT) or equivalent or who meet Social Security Administration requirements for retirement. Submit a copy of your CURRENT RETIRED ARRT (American Registry of Radiologic Technologists) CARD, or equivalent if applicable.

☐ **STUDENT — $10.00** Student members are those who are enrolled in a PRIMARY radiologic science program including Indiana State Department of Health (ISDH) approved limited programs.

Students must provide the following information:

☐ First year ☐ Second year

Graduation month & year _____

Program name & city _____

Program Director's name _____

Student Permit #_____ Permit Expiration _____

TECHNOLOGISTS: PLEASE SELECT AN APPROPRIATE RESPONSE FOR EACH QUESTION BELOW. Disclosure of this information is optional. This information is confidential and truly helpful for the ISRT to serve you.

ARRT PRIMARY CERTIFICATION(S):

____ RADIOGRAPHY (R)
____ NUCLEAR MEDICINE (N)
____ RADIATION THERAPY (T)
____ SONOGRAPHY (S)—THROUGH ARRT AND NOT ARDMS
____ MAGNETIC RESONANCE IMAGING (MR) - PRIMARY THROUGH ARRT

ARRT POST-PRIMARY EXAMINATION(S) COMPLETED:

____ BONE DENSITOMETRY (BD)
____ BREAST SONOGRAPHY (BS)
____ CARDIAC-INTERVENTIONAL (CI)
____ CARDIOVASCULAR-INTERVENTIONAL (CV)
____ COMPUTED TOMOGRAPHY (CT)
____ MAGNETIC RESONANCE (MR) - POST-PRIMARY
____ MAMMOGRAPHY (M)
____ QUALITY MANAGEMENT (QM)
____ REGISTERED RADIOLOGIST ASSISTANT (RRA)
____ SONOGRAPHY (S)—THROUGH ARRT AND NOT ARDMS
____ VASCULAR-INTERVENTIONAL (VI)
____ VASCULAR SONOGRAPHY (VS)

OTHER CERTIFICATIONS/EXAMINATIONS COMPLETED THROUGH AN AGENCY OTHER THAN ARRT:

____ BONE DENSITOMETRY
____ CARDIOVASCULAR-INTERVENTIONAL (CCI)
____ NUCLEAR MEDICINE (NMTCB)
____ SONOGRAPHY (ARDMS)–RDMS, RCDS, RVT
____ LIMITED INDIANA CERTIFICATION, TYPE OF CERTIFICATION: _____

____ OTHER: LIST TYPE_____

PRIMARY PRACTICE: IN WHICH AREA OF THE PROFESSION DO YOU SPEND MORE THAN HALF OF YOUR TIME? (SELECT ONLY ONE)

____ RADIOGRAPHY (INCLUDES CT, MR, QA, MAMMOGRAPHY, VASCULAR, ETC.)
____ NUCLEAR MEDICINE
____ RADIATION THERAPY
____ SONOGRAPHY
____ OTHER: PLEASE LIST AREA_____

POSITION: IN WHICH POSITION DO YOU SPEND MORE THAN HALF OF YOUR TIME? (SELECT ONLY ONE)

____ BONE DENSITOMETRY
____ CARDIAC-INTERVENTIONAL
____ COMPUTED TOMOGRAPHY
____ CORPORATE
____ DOSIMETRY
____ EDUCATION (PROG DIR, INSTRUCTOR)
____ FUSION (e.g., PET/CT)
____ INDUSTRIAL
____ INFORMATICS (COMPUTER SYSTEMS)
____ MAGNETIC RESONANCE
____ MAMMOGRAPHY
____ MANAGEMENT (SUPERVISOR, CHIEF TECH)
____ NUCLEAR MEDICINE
____ QUALITY ASSURANCE/ASSESSMENT
____ RADIATION THERAPY
____ RADIOGRAPHY
____ RADIOLOGIC NURSE/LPN
____ RADIOLOGIST ASSISTANT OR RPA
____ RESEARCH
____ SIMULATION
____ SONOGRAPHY
____ VASCULAR INTERVENTIONAL
____ NOT CURRENTLY EMPLOYED
____ EMPLOYED IN FIELD OTHER THAN RADIOLOGIC SCIENCES
____ RETIRED
____ OTHER: PLEASE LIST_____

ISRT VOLUNTEER OPPORTUNITIES

I am interested in:

SERVING ON AN ISRT COMMITTEE ☐ **YES** ☐ NO

SERVING AS AN ISRT OFFICER ☐ **YES** ☐ NO

PRESENTING A LECTURE ☐ **YES** ☐ NO

*TECHNOLOGISTS: Please submit a copy of your **ARRT card** with this completed form*

The ISRT membership year begins on February 1 and ends on January 31 of the following year. Individuals may join the ISRT at any time during the year. Membership applications received prior to the Annual Conference will be processed for the current year and will expire on January 31. Membership applications received after the Annual Conference will automatically be processed for the new membership year, which begins on February 1. Dues are nonrefundable.

- Membership processing may take up to 21 business days.
- Please make check or money order payable to the **ISRT**. ***Please <u>do not send cash</u>***. Credit card payments may be made online through the ISRT website www.isort.org.
- **Send total payment due and required documentation (see Membership Categories above) to:**

JANE PATTON, RT(R)(M)(CT)
ISRT EXECUTIVE SECRETARY
929 S. SYCAMORE ST.
MARTINSVILLE, IN 46151

- To guarantee the quickest processing time of your ISRT membership, please provide a copy of any requested documentation.

Please Do Not Write in this Section

RCVD _____

AMOUNT _____

CHECK # _____

VERIFIED _____