



800 Enterprise Drive, Suite 205 ♦ Oak Brook, IL 60523-4216
630-574-0220 Ext. 234 ♦ FAX: 630-574-0661
E-Mail: kkulpaka@asnr.org ♦ Website: www.TheASSR.org

MEMBERSHIP INFORMATION/APPLICATION

We are pleased to provide you with the attached application and the following information regarding the Society.

Before beginning, determine which of the following best describes you:

- ♦ **Current member of ASNR, ASFNR, ASHNR, ASPNR, ENRS, or WNRS ...** complete #1, 2, 3 and 10, and provide prorated dues.
- ♦ **Not a member of ASNR, or any of the other societies listed above ...** complete the *entire* application, and provide prorated dues.

♦ Membership Classification Descriptions ♦

Active Members ... shall be radiologists who practice or have a special interest in spine imaging, regardless of geographical site of practice or residence. *Active* members shall fulfill the following requirements:

- A. Shall be a radiologist certified by the American Board of Radiology, the Royal College of Physicians and Surgeons of Canada, the American Osteopathic College of Radiology, or other board or Tribunal which, in the judgment of the Executive Committee, is of equivalent rank.
- B. Shall be judged worthy of inclusion in the Society by the Membership Committee of the Society, on the basis of documented interest in and/or contribution to spine radiology.

Associate Members ... shall be other physicians, surgeons, academic scientists, or other allied professionals with an acknowledged interest in, or who have made outstanding contributions to, spine imaging or imaging related procedures.

In-Training ... shall be individuals who have an interest in spine radiology and are currently participating in a full-time musculoskeletal imaging or ACCME-accredited neuroradiology training program.

Honorary Members ... shall be individuals who have made an extraordinary contribution to spine imaging, whether or not they meet criteria for other categories of membership. Nominations for Honorary membership may be submitted by any category of members of the Society, directly to the Executive Committee. Those individuals found worthy by majority vote of the Executive Committee shall be proposed to the members of the Society for possible election at the succeeding Annual Business Meeting.

Emeritus Members ... shall be *Active* and *Associate* members who have retired from active practice and wish to remain in the Society.

(Continued for more *important* information)

◆ Rights of Membership ◆

All members in good standing shall have the right to participate in the scientific and business meetings and activities of the Society.

Active members in good standing have the right to serve on standing committees, to propose candidates for nomination, to vote and to hold elective office in the Society.

◆ Benefits of Membership ◆

- Reduced Registration Fee to attend the *ASSR Annual Symposium*
- *The Myelon* Newsletter
- Membership Certificate (*Active* and *Associate* members)
- Committee Service (*Active* Members only)
- Subscription to the *American Journal of Neuroradiology* at the ASNR member rate

◆ Application Process ◆

Please read the following information carefully, to determine whether you need to provide sponsors or additional documents.

It's as easy as 1-2-3 and 10, if you are a member of ASNR, ASFNR, ASHNR, ASPNR, ENRS, or WNRS:

1. Complete sections 1, 2, 3, and 10 of the Membership Application
2. If required, include prorated membership dues (which includes an application fee for *Active* status)
3. If applying for *Active* status, submit a copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate

Applicants who are not members of ASNR, ASFNR, ASHNR, ASPNR, ENRS, or WNRS must include each of the following:

- ◆ Completed Membership Application
- ◆ One (1) sponsor letter from an ASSR *Active* member (or the equivalent from the ASNR, ASFNR, ASHNR, ASPNR, ENRS, or WNRS) who is familiar with, and able to substantiate, the reputation and qualifications of the applicant, and his/her involvement or interest in spine radiology
- ◆ Current curriculum vitae
- ◆ Copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate, if applying for *Active* status.
- ◆ If required, prorated membership dues (which include an application fee for *Active* status)

◆ Prorated Membership Dues ◆

Prorated dues (<i>to the right</i>) include application fees.		1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
<i>Active</i>	\$100 + \$25 application fee	\$125	\$100	\$75	\$125
<i>Associate</i>	\$75	\$75	\$57	\$38	\$75
<i>In-Training (Fellow)</i>	\$0	\$0	\$0	\$0	\$0

*When dues are paid during the 4th Quarter, membership is valid through the following calendar year.

◆ Deadline for Membership Applications ◆

If you wish to attend either the ASSR Annual Symposium or ASNR Annual Meeting, your completed application must be received 30 days prior to the Annual Symposium or ASNR Annual Meeting. Log onto www.TheASSR.org or www.asnr.org for more information on upcoming ASSR Annual Symposia and ASNR Annual Meetings.

ASSR Membership Application

Please type or legibly print the information requested.

Membership category applied for: *Active* ☐ *Associate* ☐ *In-Training* ☐

1. Your Name _____
First / Middle Initial / Last Name / Degree

Name of ASSR member who referred you (if applicable) _____

2. List *both* home and office addresses:

Home

Address _____

City/State _____

Zip _____

Phone: A/C () _____

E-Mail Address _____

(E-mail address is *required* – please print legibly)

Office

Institution _____

Department _____

Address _____

City/State _____

Zip _____

Phone: A/C () _____

FAX _____

3. Indicate all the societies of which you are a member with an “X”: _____ASN _____ASFNR _____ASHNR
_____ASPNR _____ENRS _____WNRS

IMPORTANT:

- ◆ If you are a member of any of the societies listed under #3 (above), proceed to #10 ... sign and date the application, and provide the appropriate amount of prorated dues -- you do NOT need to complete sections 4-9 of this application. If applying for *Active* status, provide a copy of your Radiology Board or Subspecialty Certification (formerly CAQ) certificate.
- ◆ If you are NOT a member of any of the societies listed under #3, you *must* complete the entire application, provide the required documentation and appropriate prorated dues. Incomplete applications will not be processed.

4. **Sponsorship:** *only* applicants who do NOT belong to any of the societies listed in #3 require one (1) sponsor. Sponsors must be members in good standing, holding ASSR *Active* status, or the equivalent from any of the societies mentioned above. All sponsors must be familiar with the reputation and qualifications of the applicant and his/her involvement or interest in spine radiology.

Sponsor's Name _____

Institution _____

Phone: A/C () _____ E-mail _____

5. **Board Certification** (*Active* member applicants need to be certified in Radiology by the ABR, RCPS or equivalent.)
Board or Tribunal _____ Certification Date _____

6. **Fellowship Training or Postgraduate Education**

Institution/Department

Program Director

Dates

Institution/Department

Program Director

Dates

7. Medical or Graduate Education

Institution

Degree

Date

8. Residency Training

Institution/Department

Program Director

Dates

9. Current Practice: _____ % devoted to spine radiology.

10. I agree to abide by the ASSR Bylaws and any revisions thereof:

Applicant's Signature

Date

◆ IMPORTANT ◆

Members of ASNR, ASFNR, ASHNR, ASPNR, ENRS, and WNRS must submit the following:

1. Application (**only** provide information for **#1 through #3 on the application**) – be certain to sign and date the application under #10)
2. Prorated membership dues (which include the application fees for *Active* status)
3. Copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate, if applying for *Active* status

All other applicants must provide:

1. Application (completed in its entirety)
2. One (1) Sponsor letter (refer to Sponsorship information)
3. Current Curriculum Vitae
4. Copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate, if applying for *Active* status
5. Prorated membership dues (which include the application fee for *Active* status)

Prorated dues (<i>to the right</i>) include application fees		1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
<i>Active</i>	\$100 + \$25 application fee	\$125	\$100	\$75	\$125
<i>Associate</i>	\$75	\$75	\$57	\$38	\$75
<i>In-Training (Fellow)</i>	\$0	\$0	\$0	\$0	\$0

*When dues are paid in the 4th Quarter, membership is valid through the following calendar year.

U.S. applicants may pay prorated membership dues and application fee by check (made payable to ASSR), or by using the enclosed *Credit Card Authorization Form*. **Non-U.S. applicants must pay by credit card** using the enclosed *Credit Card Authorization Form*.

◆ Deadline for Membership Applications ◆

If you wish to attend either the ASSR Annual Symposium or ASNR Annual Meeting, your completed application must be received 30 days prior to the Annual Symposium or Annual Meeting. Log onto www.TheASSR.org or www.asnr.org for more information on upcoming ASSR Annual Symposia and ASNR Annual Meetings.

RETURN (with all required documentation) TO:

American Society of Spine Radiology
Attention: Membership Dept.
800 Enterprise Drive, Suite 205
Oak Brook, IL 60523-4216
Phone: 630-574-0220, ext. 234; FAX: 630-574-0661
E-mail: kkulpaka@asnr.org

ASSR

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Oak Brook, IL 60523-4216

Phone: 630-574-0220 ext. 226; FAX: 630-574-0661; E-mail: kkulpaka@asnr.org

Credit Card Authorization Form

Please print all information below, and submit this form with your membership application. **All non-U.S. applicants are required to pay their *prorated* membership dues and application fee by credit card using this form.** Payment must accompany the application.

U.S. applicants may elect to pay by either check (made payable to the ASSR) or credit card, using this form.

Please legibly print or type the information below:

Applicant's Name: _____

Name of Institution/Affiliation: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country (if other than U.S.): _____

Billing address, if different from above: Check one ☐ Home ☐ Institution ☐ Business Office

Name of Institution/Affiliation: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country (if other than U.S.): _____

Indicate which *prorated* membership dues and application fee you are paying: _____

Prorated dues (<i>to the right</i>) include application fees		1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.*
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
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<i>Associate</i>	\$75	\$75	\$57	\$38	\$75
<i>In-Training (Fellow)</i>	\$0	\$0	\$0	\$0	\$0

*When dues are paid in the 4th Quarter, membership is valid through the following calendar year.

Credit Card (check one): _____ American Express _____ MasterCard _____ Visa

Card Number: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature: _____

If paying by credit card, this form must be included with your membership application.

IMPORTANT!!

Return application to:

American Society of Spine Radiology

Attention: Membership

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