

THE ATLANTA SOCIETY OF RADIOLOGIC TECHNOLOGISTS, INC.
MEMBERSHIP APPLICATION
(please print)

.....
DUES: TECHNOLOGIST \$20 – COMMERCIAL REP \$20 – STUDENT \$10

NAME: _____ New () Renew ()

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

PHONE (Home): _____ (Work): _____

E-MAIL: _____ FAX: _____

EMPLOYER: _____

SPONSORED BY: _____
(member who encouraged you to join)

MEMBERSHIP STATUS

___ TECHNOLOGIST (ARRT #) _____

___ COMMERCIAL REP – COMPANY _____

___ STUDENT – SCHOOL _____ JR ___ SR ___

___ OTHER _____

SIGNATURE: _____ DATE: _____

Membership is effective from June 1 to May 31

.....
Mail To:

The Atlanta Society of Radiologic Technologists, Inc.
PO Box 78985
Atlanta, GA 30357-2985

Welcome Letter Sent _____ Card Issued _____ Entered in System _____ Check # _____