

# ISMRRM Application for STUDENT Membership

Please send application and all materials to ISMRM:

P.O. Box 45690 • San Francisco, CA • 94145-0690, USA • Phone: +1 510 841 1899 • Fax: +1 510 841 2340 • E-mail: info@ismrm.org • Web site: www.ismrm.org

Name: \_\_\_\_\_ Gender:  Male  Female  
 Family Name \_\_\_\_\_ First/Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Honorific:	Date of Degree (Required)	Professional Classification	Primary field of endeavor:		How did you become aware of ISMRM membership?
<input type="checkbox"/> M.D.		<input type="checkbox"/> Basic Scientist	<input type="checkbox"/> Biochemistry	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Through an associate
<input type="checkbox"/> M.D. Candidate		<input type="checkbox"/> Clinical Scientist	<input type="checkbox"/> Biophysics	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Saw ad in journal
<input type="checkbox"/> Ph.D.		<input type="checkbox"/> Educator	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Molecular Imaging	<input type="checkbox"/> Attended annual meeting
<input type="checkbox"/> Ph.D. Candidate		<input type="checkbox"/> Industrial Management	<input type="checkbox"/> Drug Development	<input type="checkbox"/> Neurology	<input type="checkbox"/> Received brochure/postcard in mail
<input type="checkbox"/> Professor		<input type="checkbox"/> Radiologist	<input type="checkbox"/> Engineering	<input type="checkbox"/> Oncology	ISMRRM makes its member list available to a few, carefully screened companies. If you DO NOT wish to be included, check here: <input type="checkbox"/>
<input type="checkbox"/> R.T.		<input type="checkbox"/> Radiology Support Personnel	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Psychiatry	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Molecular Imaging	<input type="checkbox"/> Radiology	
FOR OFFICE USE ONLY			<input type="checkbox"/> Oncology	<input type="checkbox"/> Surgery	
Date Received: _____ Member ID: _____			<input type="checkbox"/> Physics	<input type="checkbox"/> Other: _____	
CV Received: <input type="checkbox"/> Yes <input type="checkbox"/> No SVL Received: _____			<input type="checkbox"/> Physiology	Send annual renewal notice to my: <input type="checkbox"/> Institution <input type="checkbox"/> Home	
Sponsor ID: _____			<input type="checkbox"/> Other: _____	Send journals and correspondence to my: <input type="checkbox"/> Institution <input type="checkbox"/> Home	

CONTACT INFORMATION	Institution Name	Home Contact Information	
	Street Address:	Street Address:	
	City & State/Province:	City & State/Province:	
	Country & Postal Code:	Country & Postal Code:	
	Telephone:	Telephone:	
	Fax:	Fax:	
	Email:	Email:	

STUDY GROUPS (no charge for Student Members)	
<input type="checkbox"/> Cardiac MR	<input type="checkbox"/> MR Flow & Motion Quantitation
<input type="checkbox"/> Current Issues in Brain Function	<input type="checkbox"/> MR in Drug Research
<input type="checkbox"/> Diffusion	<input type="checkbox"/> MR of Cancer
<input type="checkbox"/> Dynamic NMR Spectroscopy	<input type="checkbox"/> MR Safety
<input type="checkbox"/> High Field Systems & Applications	<input type="checkbox"/> Musculoskeletal MR
<input type="checkbox"/> Hyperpolarized Media MR	<input type="checkbox"/> Perfusion
<input type="checkbox"/> Interventional MR	<input type="checkbox"/> Psychiatric MR Spectroscopy & Imaging
<input type="checkbox"/> Molecular & Cellular Imaging	<input type="checkbox"/> Susceptibility Weighted Imaging
<input type="checkbox"/> Motion Correction	<input type="checkbox"/> White Matter
<input type="checkbox"/> MR Engineering	

2012 MEMBERSHIP DUES	
Membership is effective from 1 January–31 December of the year the application is approved. Dues remittance must accompany the membership application submission. All applications received after 1 October will be applied to the following year.	
<input type="checkbox"/> Student Member without journals	US \$30
<input type="checkbox"/> Student Member with one electronic journal Please choose one: <input type="checkbox"/> JMRI or <input type="checkbox"/> MRM	US \$80
<input type="checkbox"/> Student Member with both JMRI and MRM electronic journals	US \$130
<input type="checkbox"/> Student Member with one printed journal Please choose one: <input type="checkbox"/> JMRI or <input type="checkbox"/> MRM	US \$240
<input type="checkbox"/> Student Member with both JMRI and MRM printed journals	US \$450

For full descriptions of membership levels, visit: [www.ismrm.org/membership-journals/membership/](http://www.ismrm.org/membership-journals/membership/)

If paying by check, make payable to ISMRM. To pay by credit card, please complete below:

Visa  MasterCard  AMEX  Discover

Card holder's Name: _____
Credit Card # _____ Expiration Date _____ <small>(Required) (Required)</small>
Cardholder Signature _____ <small>(Required)</small>
Billing Street Address _____
Billing Zip/Postal Code _____ <small>(Required)</small>

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_

Sponsor Name (please print): \_\_\_\_\_

I do not know a Full Member of the Society

Write in your membership fees here.  
All fees must be in US dollars.

**Total amount enclosed (Required): US \$ \_\_\_\_\_**

Thank you for your application. Please review and note:

ALL APPLICANTS MUST SUBMIT:

- Membership dues
- Completed application
- One (1) copy of current CV
- Application with sponsor signature

STUDENT MEMBER APPLICANTS MUST ALSO SUBMIT:

- Letter of student verification