



SMRT Application for AFFILIATE Membership

I am paying USD\$100.00 for SMRT 2017 Membership Dues* with my registration fees to:

☐ An SMRT Regional or Chapter Meeting: _____ ☐ SMRT Annual Meeting
Regional or Chapter Name Here

*Membership dues are non-refundable. To include ISMRM Journal(s) (JMRI and/or MRM), E-mail: smrt_membership@ismrm.org; additional fees apply.

SMRT AFFILIATE-
MEMBER APPLICANTS
MUST SUBMIT:

- ☐ Completed Application
☐ One (1) copy of current resume or CV

MEMBER IDENTIFICATION

Name: _____
Family Name First Name Middle Name
Gender: (Required) ☐ Male ☐ Female Date of Birth: (Required) Month: _____ Day: _____ Year: _____

CONTACT INFORMATION

PLEASE PROVIDE **BOTH** YOUR **INSTITUTION** AND **HOME** CONTACT INFORMATION (This section is required; please complete in full)

| | | | |
|------------------------|--|---------------------------|--|
| Institution Name: | | Home Contact Information: | |
| Street Address: | | Street Address: | |
| City & State/Province: | | City & State/Province: | |
| Country & Postal Code: | | Country & Postal Code: | |
| Work Phone: | | Home Phone: | |
| Fax: | | Fax: | |
| Primary Email: | | Secondary Email: | |

Please send annual renewal notice to my: ☐ Institution ☐ Home Please send journal(s) and correspondence to my: ☐ Institution ☐ Home

EDUCATION

| | | | |
|------------------------------------|-------------------------------|--|---|
| Honorific: (Required) | Date of Degree: (Required) | How did you become aware of SMRT membership? | SMRT 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"/> B.A. | | <input type="checkbox"/> Through an associate | |
| <input type="checkbox"/> B.Sc. | | <input type="checkbox"/> Attended a Regional, Seminar or Chapter Meeting | |
| <input type="checkbox"/> M.Sc. | | <input type="checkbox"/> Attended an annual meeting | |
| <input type="checkbox"/> Ph.D. | | <input type="checkbox"/> SMRT Website | |
| <input type="checkbox"/> Professor | | <input type="checkbox"/> Saw an Ad | |
| <input type="checkbox"/> Other: | | | |

SMRT CHAPTER STATUS (If you are a member of an SMRT Chapter, please check the applicable box)

| | | | | |
|--|--------------------------------------|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Australia & New Zealand | <input type="checkbox"/> Great Lakes | <input type="checkbox"/> Mid-Atlantic | <input type="checkbox"/> Scottish | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Gulf Coast | <input type="checkbox"/> New England | <input type="checkbox"/> South Carolina | |
| <input type="checkbox"/> BeNeLux | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Northwest | <input type="checkbox"/> South Central Indiana | |

Would you like to receive information on any of the SMRT Chapters? ☐ Yes, Chapter Name: _____ ☐ No

ISMRM STUDY GROUPS (NO CHARGE for SMRT Members)

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Cardiac MR | <input type="checkbox"/> Hyperpolarization Methods & Equipment | <input type="checkbox"/> MR Flow & Motion Quantitation | <input type="checkbox"/> Pediatric MR |
| <input type="checkbox"/> Current Issues in Brain Function | <input type="checkbox"/> Hyperpolarized Media MR | <input type="checkbox"/> MR in Drug Research | <input type="checkbox"/> Perfusion |
| <input type="checkbox"/> Detection & Correction of Motion in MRI & MRS | <input type="checkbox"/> Interventional MR | <input type="checkbox"/> MR of Cancer | <input type="checkbox"/> PET-MRI |
| <input type="checkbox"/> Diffusion | <input type="checkbox"/> Molecular & Cellular Imaging | <input type="checkbox"/> MR Safety | <input type="checkbox"/> Psychiatric MR Spectroscopy & Imaging |
| <input type="checkbox"/> Electro-Magnetic Tissue Properties (SWI) | <input type="checkbox"/> MR Engineering | <input type="checkbox"/> MR Spectroscopy | <input type="checkbox"/> White Matter |
| <input type="checkbox"/> High Field Systems & Applications | <input type="checkbox"/> MR Elastography (MRE) | <input type="checkbox"/> Musculoskeletal MR | <input type="checkbox"/> X-Nuclei Imaging |

FOR OFFICE USE ONLY

Date Received: _____ Member ID: _____ ☐ Resume/CV

Chapter Request: ☐ Yes ☐ No ☐ If yes, Chapter Name: _____