



SMRT Application for FULL Membership

SMRT FULL-MEMBER APPLICANTS MUST SUBMIT:

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

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.

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

CERTIFICATION INFORMATION

Honorific: (Required)	Date of Degree: (Required)	Certifications: (Required)	ARRT Certification Information: (If Applicable)	How did you become aware of SMRT membership? <input type="checkbox"/> Through an associate <input type="checkbox"/> Attended a Regional, Seminar or Chapter Meeting <input type="checkbox"/> Attended an annual meeting <input type="checkbox"/> SMRT Website <input type="checkbox"/> Saw an Ad
<input type="checkbox"/> A.A.		<input type="checkbox"/> (MR)	ARRT ID Number:	
<input type="checkbox"/> R.T.		<input type="checkbox"/> (R)	Last Four Digits of SS#:	
<input type="checkbox"/> R.R.A.		<input type="checkbox"/> (N)	ARRT Biennium Renewal Date:	
<input type="checkbox"/> B.Sc.		<input type="checkbox"/> (T)	Month: _____ Year: _____	
<input type="checkbox"/> B.Appl.Sc.		<input type="checkbox"/> (BS)		
<input type="checkbox"/> M.Sc.		<input type="checkbox"/> (CV)		
<input type="checkbox"/> Other:		<input type="checkbox"/> Other (list all that apply):		

SMRT makes its member list available to a few carefully screened companies. If you DO NOT wish to be included, check here:

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: _____ ARRT Information Provided (US & Canada): Yes No

Resume/CV Chapter Request: Yes No If yes, Chapter Name: _____