

Membership Application Form

MEMBERSHIP INFORMATION

First Name/Given: _____ Middle Name: _____ Last Name/Surname: _____

Date of Birth (mm/dd/yy): ____/____/____ Primary Email: _____ Primary Phone: _____

Institution/Company: _____ Gender: _____ ☐ Prefer not to say

Preferred Address: ☐ Home ☐ Institution/Company: _____

City: _____ State: _____ Zip/Postal: _____ Country: _____

DEGREE & PROFESSIONAL CLASSIFICATION

DEGREE <i>Check all that apply</i>	DATE DEGREE RECEIVED	PROFESSIONAL CLASSIFICATION <i>Check all that apply</i>	SPECIALTY: EXPERTISE/TRAINING	
☐ B.A.		☐ Administrator	☐ Biomedical Engineering	☐ Neuroscience/Psychology
☐ B.Sc.		☐ Basic Scientist	☐ Cardiology	☐ Oncology
☐ BE/BSE/BCS/_____		☐ Clinical Scientist	☐ Chemical Engineering	☐ Physics (incl. Med. Phys, Biophys.)
☐ M.Sc.		☐ Educator/Professor	☐ Chemistry	☐ Physiology
☐ M.D.		☐ Engineer	☐ Computer/Information Science	☐ Psychiatry/Psychology
☐ Ph.D.		☐ Industrial Management	☐ Electrical Engineering	☐ Radiology (incl. Nuclear Med.)
☐ M.D. & Ph.D.		☐ Radiologist	☐ Internal Medicine	☐ Other - Clinical: _____
☐ Other: _____		☐ Other: _____	☐ Mathematics	☐ Other - Science: _____

MEMBERSHIP CATEGORIES

MEMBERSHIP TYPE	1 YEAR	2 YEARS	3 YEARS
☐ ISMRRM Full (High-Income Country) A Full Member is an individual who is involved in magnetic resonance in medicine, biology, or other related topics, in research, education, manufacture, or practice. Full Members have the right to vote and hold office. The applicant must submit one copy of their curriculum vitae with, where possible, a list of peer-reviewed publications in the field of MR. Do not include abstracts or book chapters.	☐ US\$240.00	☐ US\$455.00	☐ US\$660.00
☐ ISMRRM Full (LMIC) An individual who is currently living in a Low- or Middle-Income Country, who is involved in magnetic resonance in medicine, biology, or other related topics, in research, education, manufacture, or practice. Full Members have the right to vote and hold office.	Please email membership@ismrm.org regarding your dues.		
☐ ISMRRM Emeritus An Emeritus Member is an ISMRRM member who has paid the specified regular dues for at least five (5) years and has retired from more than casual employment.	☐ US\$60.00	N/A	N/A
☐ ISMRRM Trainee A Trainee Member is an individual enrolled full-time in an academic program that actively engages in the application of magnetic resonance in medicine and biology. The applicant must submit one copy of their abbreviated curriculum vitae and a brief statement on letterhead signed by a department head/adviser which describes the training program, type of degree, field of study, and expected date of completion by the applicant.	☐ US\$60.00	N/A	N/A
☐ ISMRRM/ISMRT Dual Membership Dual membership offers the best of both ISMRRM and ISMRT.	Please email membership@ismrm.org regarding your dues.		

ISMRM CHAPTERS

To join ISMRM Chapters, please log in to your account.

ISMRM STUDY GROUPS

ISMRM Trainee Members & ISMRT Members: Join up to 3 study groups for FREE, then USD \$5.00 per additional group.

ISMRM & ISMRT Emeritus Members: Join any number of study groups for FREE.

☐ Artificial Intelligence & Machine Learning (AI/ML)	☐ Interventional MR	☐ MR in Psychiatry	☐ Pediatric MR
☐ Body MRI	☐ Low Field MRI	☐ MR in Radiation Therapy	☐ Perfusion
☐ Brain Function	☐ Metabolomics & Metabolomic Imaging	☐ MR of Brain Physiology & Pathophysiology	☐ PET/MRI
☐ Cardiac MR	☐ Molecular & Cellular Imaging	☐ MR of Cancer	☐ Placenta & Fetus
☐ Chemical Exchange Saturation Transfer	☐ Motion Detection & Correction	☐ MR Safety	☐ Pulmonary MR
☐ Clinical MR Physics	☐ MR Contrast Agents	☐ MR Spectroscopy	☐ Quantitative MR
☐ Diffusion	☐ MR Elastography (MRE)	☐ MRI Coils	☐ Renal MRI
☐ Electro-Magnetic Tissue Properties	☐ MR Engineering	☐ MRI of Neuromodulation	☐ Ultra-High Field MR
☐ Hyperpolarization	☐ MR Flow & Motion Quantitation	☐ Musculoskeletal MR	☐ White Matter
☐ Imaging Neurofluids	☐ MR in Drug Research	☐ Open & Reproducible Research	☐ X-Nuclei Imaging

PAYMENT INFORMATION

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

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

Cardholder Full Name: _____

Credit Card Number: _____ Expiration Date: _____ 3- or 4-Digit Security Code: _____

Credit Card Billing Address: _____ Postal Code: _____

Cardholder Signature: _____ Date: _____

City: _____ State: _____ Zip/Postal: _____ Country: _____

COMPLETE YOUR APPLICATION

ISMRM FULL MEMBER APPLICANTS MUST SUBMIT: ☐ COMPLETED APPLICATION & DUES ☐ CURRENT CV

Applicant's Signature: _____ Date: _____

MEMBER OPT-IN OPTIONS

The **Membership Directory** allows only members of the society to look up contact information of other members of the Society:

☐ **OPT OUT**

ISMRM/ISMRT makes its member list available to a few carefully selected companies. If you wish to be included, please OPT IN.

☐ **OPT IN**

International Society for Magnetic Resonance in Medicine

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