

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: _____

MEMBERSHIP CATEGORIES

MEMBERSHIP TYPE	1 YEAR	2 YEARS	3 YEARS
☐ ISMRT Full (High-Income Country) An individual who is certified or a registered radiographer/technologist in MR imaging as defined by the standards in the country where they reside. Full Members have voting rights and are able to hold office and serve on ISMRT committees. The applicant must submit a copy of current curriculum vitae or certification registry ID.	☐ US\$110.00	☐ US\$215.00	☐ US\$315.00
☐ ISMRT Full (LMIC) An individual who is currently living in a Low- or Middle-Income Country who is certified or a registered radiographer/technologist in MR imaging as defined by the standards in the country where they reside.	Please email membership@ismrm.org regarding your dues.		
☐ ISMRT Affiliate An individual non-radiographer/technologist working in an MRI-related field who shares the purpose of the ISMRT but is not a practicing radiographer/technologist. Affiliate Members do not have voting rights or are able to hold office; however, they are able to serve on ISMRT committees. Requirements for Application: - Completed online membership application - Resume/CV (uploaded with application)	☐ US\$110.00	☐ US\$215.00	☐ US\$315.00
☐ ISMRT Trainee An individual actively enrolled in a full-time or part-time (min 0.5EFT) academic program in an accredited institution for: - Diploma in Medical Imaging/MRI or equivalent; - Degree in Medical Imaging/MRI or equivalent; - MRI Certification or equivalent; - Master's Degree in Medical Imaging/MRI or equivalent; - Ph.D. in Medical Imaging/MRI or equivalent; OR - Recently graduated from one of the abovementioned accredited programs. The applicant must submit one copy of their abbreviated curriculum vitae and a trainee verification letter on letterhead signed by a department head/adviser that describes the training program, type of degree, field of study, and expected date of completion by the applicant. Eligibility for trainee membership must be confirmed annually. Qualifying individuals may remain a trainee member for up to three (3) years after receiving their diploma or degree. Trainee Members do not have voting rights or are able to hold office; however, they are able to serve on ISMRT committees.	☐ US\$30.00	N/A	N/A
☐ ISMRT Emeritus An Emeritus Member is an ISMRT Full Member who has paid the specified regular dues for five (5) consecutive years and has retired from more than casual employment.	☐ US\$30.00	N/A	N/A
☐ ISMRT/ISMRT Dual Membership Dual membership offers the best of both ISMRT and ISMRT.	Please email membership@ismrm.org regarding your dues.		

DEGREE & PROFESSIONAL CLASSIFICATION

DEGREE Check all that apply	CERTIFICATIONS RECEIVED	CERTIFICATION - RESUME INFORMATION REQUIRED - Check Which Applies		ARRT CERTIFICATION N. America ARRT Track & Transfer
☐ A.A.	☐ (MRI)	☐ Australian Registry	☐ New Zealand Registry	ARRT ID#: _____ Last 4-Digits of SS#: _____
☐ R.T.	☐ (Rad)	ID#: _____	ID#: _____	
☐ R.R.A.	☐ (Tech)	☐ North America ARRT	☐ North America ARMRT	
☐ B.Sc.	☐ (N)	ID#: _____	ID#: _____	
☐ B.Appl.Sc.	☐ (BS)	☐ Japan Registry	☐ United Kingdom ARMRT	ARRT Biennium Renewal Date: Month: _____ Year: _____ (mm) (yyyy)
☐ M.Sc./M.H.Sc.	☐ (CV)	ID#: _____	ID#: _____	
☐ Ph.D.	☐ (CMT)	☐ Other - Country & ID#	*If your country of residence does not have a registry, please feel free to upload your certificate.	
☐ Other: _____	☐ Other: _____	Country: _____ ID#: _____		

NATIONAL CHAPTERS & DIVISIONS

To join ISMRT Chapters & Divisions, please log in to your account.

ISMRT STUDY GROUPS

Join up to 3 study groups for FREE, then USD \$5.00 per additional group.

☐ 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-Digital Security Code: _____	
Credit Card Billing Address: _____		Postal Code: _____	
Cardholder Signature: _____		Date: _____	
City: _____	State: _____	Zip/Postal: _____	Country: _____

COMPLETE YOUR APPLICATION

ISMRT FULL MEMBER APPLICANTS MUST SUBMIT: ☐ COMPLETED APPLICATION & DUES ☐ CERTIFICATION REGISTRY ID# OR 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**

ISMRT/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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