



## INCOME VERIFICATION FORM

I, \_\_\_\_\_ (supervisor full name), certify that the annual income (salary & bonus) of \_\_\_\_\_ (applicant full name) is less than the equivalent of **US\$10,000.00** as required for Associate Membership within the Society for MR Radiographers & Technologists (SMRT)

### Department Head/Supervisor information (required):

First/Last Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Email: \_\_\_\_\_

Department Head/Supervisor Signature: \_\_\_\_\_

Department Head/Supervisor Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Society for MR Radiographers & Technologists, A Section of the ISMRM

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