



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: _____

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