



## 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 International Society for Magnetic Resonance in Medicine.

### 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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