 **Association of Educators in Imaging and Radiologic Sciences**

*Application for RENEWAL Membership updated 01/21*

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date\_\_\_\_\_\_\_\_\_\_\_

**Degree** *Check highest degree*

□Certificate □AAS □BA □BS □BSRS □BSRT □BS Ed □MA □MS □MSRS □M Ed □MBA

□EdD □PhD □DM □JD Additional Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification** *Check all that apply*

□RT(R) □RT(N) □RT(T) □RT(CV) □RT(M) □RT(CT) □RT(MR) □RT(QM) □RT(S) □RT(BD) □RT(VS) □MPH

□RT(CI) □RT(VI) □RT(BS) □RRA □RDMS □RVT □RDCS □CNMT □NCT □PET □CMD □CRA

Additional Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Employer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Department *for mail label*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip Code (zip + 4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip Code (zip + 4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Contact** □ Home □ Work

Home Phone (\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone (\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number (\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***►****By supplying your email address, you agree to receive AEIRS email announcements.*

**Publications** How would you prefer to receive AEIRS publications? □printed copy mailed □electronic copy emailed

**AEIRS Membership Year**

The dues year for the Association of Educators in Imaging and Radiologic Sciences is 1 year from the start date of the membership. For example, a one-year membership started 3/1/2020 will end 3/31/2021.

**Payment options**

□ One Year Membership $ 75.00

□ Two Year Membership $ 140.00

□ Three Year Membership $ 195.00

**Membership Category** □Active Member □ Associate Member □Inactive/Retired Member ($37.50 per year)

# *►Dues are payable in U.S. funds, made payable to AEIRS.*

*►AEIRS Federal Tax ID #61-1093930*

*►Questions to 936-647-1443 or* [*operations@aeirs.org*](mailto:operations@aeirs.org)

**Privacy Information**

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It is the AEIRS policy to release the email list for mailings that contribute to knowledge regarding the profession. The list is not sold for recruitment or advertising purposes. May AEIRS release your email address? □ yes □ no

May AEIRS list your **Name, Employer, Work Phone, and Email Address in the Member Directory**? □ yes □ no

**Mail this application and payment to**

AEIRS

2800 Stafford Avenue #4474

Scranton, PA 18505

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