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

*Application for NEW Memberships only revised 1/21*

**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)

□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

**How did you hear about AEIRS?** □ colleague □ publication □ annual meeting/workshop

□ other - please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Check here if you were an AEIRS member in the past.

**AEIRS Membership Year**

The dues year for the Association of Educators in Imaging and Radiologic Sciences is April 1st to March 31st annually. New member applications received between January 1st and March 31st will be processed to include the remaining months in the current membership year as well as the upcoming membership year.

**Payment options** – *The amount enclosed includes the Membership Dues and the $5.00 application fee.*

□ One Year Membership $ 80.00

□ Two Year Membership $ 145.00

□ Three Year Membership $ 200.00

**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**

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

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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

**Save the stamp. Join online.**

<http://www.aeirs.org/srv_online_membership_app.html>