Membership Categories and Benefits

**ACTIVE MEMBER** - Physician who practices radiology in North America or South America, and who is certified in general radiology by the American or Canadian Boards of Radiology, or a comparable certifying organization.

**ACTIVE MEMBER BENEFITS** - Reduced registration fees to attend the ASHNR Annual Meeting and the American Society of Neuroradiology (ASNR) Annual Meeting, subscription to the Society journal *American Journal of Neuroradiology* at the ASNR member rate, member mailings, access to “Members Only” section of ASHNR website, membership certificate, right to vote, and right to hold office.

**ASSOCIATE MEMBER** - Physician who practices radiology outside North America or South America, and who is certified in general radiology by an organization comparable to the American or Canadian Boards of Radiology.

**ASSOCIATE MEMBER BENEFITS** - Reduced registration fees to attend the ASHNR Annual Meeting and ASNR Annual Meeting, subscription to the Society journal *American Journal of Neuroradiology* at ASNR member rate, member mailings, access to “Members Only” section of ASHNR website, and membership certificate.

**AFFILIATE MEMBER** - Non-MD or DO-equivalent radiology professional such as an Oral/Maxillofacial Radiologist, MRI Scientist, or other Allied Health Professional whose special qualifications is deemed valuable to the ASHNR and is approved for membership by the Membership and Executive Committees.

A non-physician radiologist who has a professional (e.g. dental) degree, has completed a recognized post-graduate radiology program, and has achieved certification from an acknowledged institution, and practice in North America or South America will also be considered.

**AFFILIATE MEMBER BENEFITS** - Reduced registration fees to attend the ASHNR Annual Meeting and ASNR Annual Meeting, subscription to the Society journal *American Journal of Neuroradiology* at ASNR member rate, member mailings, access to “Members Only” section of ASHNR website, membership certificate, and the right to hold office on specific committees after three consecutive years of membership.

**IN-TRAINING MEMBER** - Physician who has an interest in head and neck radiology, and currently participating in a full-time, accredited radiology training program at the Resident or Fellow level.

**IN-TRAINING MEMBER BENEFITS** - Advance notice to register for the ASHNR Annual Meeting and ASNR Annual Meeting, subscription to the Society journal *American Journal of Neuroradiology* at the ASNR member rate, access to “Members Only” section of ASHNR website, and member mailings.
Please read these instructions carefully prior to completing the application, and determine whether you need to provide sponsors or additional documents.

If you are a member of:
- American Society of Neuroradiology (ASNR)
- American Society of Functional Neuroradiology (ASFNR)
- American Society of Pediatric Neuroradiology (ASPNR)
- American Society of Spine Radiology (ASSR)
- Eastern Neuroradiological Society (ENRS)
- Western Neuroradiological Society (WNRS):

1. Complete sections 1, 2, 3, and 13 of the Membership Application
2. If required, include prorated membership dues (includes application fee)
3. If applying for Active status, submit a copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate

If you are not a member of any of the societies above, you must include each of the following:
- Membership Application completed in full
- One (1) sponsor letter from an ASHNR Active member* (or the equivalent from the ASNR, ASFNR, ASPNR, ASSR, ENRS, or WNRS) who is familiar with, and able to substantiate, the reputation and qualifications of the applicant, and his/her involvement or interest in head and neck radiology
- Current curriculum vitae
- Copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate, if applying for Active status.
- If required, prorated membership dues (which include an application fee for Active and Associate status)

*In addition to One (1) sponsor letter, applicants for In-Training status must include a letter from their training program director confirming participation. In-Training Membership is valid through the next ASHNR Annual Meeting following the conclusion of training program.

♦ Prorated Membership Dues ♦

<table>
<thead>
<tr>
<th>Prorated dues (to the right) include application fees.</th>
<th>1st Qtr.</th>
<th>2nd Qtr.</th>
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</tr>
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<tr>
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*When dues are paid during the 4th Quarter, membership is valid through December 31 of the following calendar year.

Please Note:
If you wish to register as an ASHNR Member for the ASHNR Annual Meeting and or, if you are not already an ASNR member, the ASNR Annual Meeting, your completed application must be received 30 days prior to the respective Annual Meeting. Log on to www.ashnr.org or www.asnr.org for information on upcoming ASHNR and ASNR Annual Meetings.
Membership Application (Please legibly print or type all information)

Indicate which membership category you are applying for: [ ] Active  [ ] Associate  [ ] Affiliate  [ ] In-Training

1. Your name:  
   First  Middle  Last Name  Degree

2. List home and work contact information and indicate, with an “X”, your preferred mailing/billing address:
   Home [ ]
   Work [ ]
   Institution
   Department
   Address
   City/State (Province)
   Zip (Postal Code)
   Phone
   Fax
   E-mail
   (a work or home E-mail is required)

3. Indicate with an “X” all of the following societies of which you are currently a member:
   _____ ASNR  _____ ASFNR  _____ ASPNR  _____ ASSR  _____ ENRS  _____ WNRS

   ♦ If you are a member of any of the societies listed above, proceed to #13, sign and date application, and provide the appropriate amount of prorated dues -- you DO NOT need to complete sections 4-12.

   ♦ If applying for Active status, provide copy of your Radiology Board or Subspecialty Certification certificate.

   ♦ If you are NOT a member of any of the societies listed above, complete the entire application, provide the required documentation, and prorated dues, if applicable. Incomplete applications will not be processed.

4. Percentage of time currently devoted to practice, study, and/or research in Head and Neck Radiology: ___%

5. Certification:  Board (1) ___________________ Date ___/___/___
   Board (2) ___________________ Date ___/___/___
   Subspecialty Certification (formerly CAQ) ___________________ Date ___/___/___

6. Undergraduate Education (including location, dates, and degrees):

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   Medical (or Graduate) Education (including location, dates, and degree):

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   Internship (including location and dates):

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
7. Residency and Fellowships (including locations and dates):

_______________________________________________________________________________________

_______________________________________________________________________________________

8. Sponsor’s Name (must be an ASHNR Active Member):

__________________________________________

9. Please describe your practice setting:

[ ] Academic  [ ] Private  [ ] Other ________________________________

10. Indicate with an “X” other societies to which you may belong: [ ] RSNA  [ ] AUR  [ ] ISMRM

[ ] ARRS  [ ] ACR  [ ] Other(s) ________________________________

11. Appointments (include office, editorial assignments, committee service, with dates): ________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

12. Honors/Awards: ________________________________

_____________________________________________________________________________________

13. Applicant’s Signature: ________________________________ Date __________

◆ IMPORTANT ◆

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*When dues are paid in the 4th Quarter, membership is valid through December 31 of the following calendar year.

If you wish to register at the member rate for either the ASHNR Annual Meeting or ASNR Annual Meeting (if you are not an ASNR member), your completed application must be received 30 days prior to the respective meeting. Log onto www.ashnr.org or www.asnr.org for more information on upcoming ASHNR Annual Meetings and ASNR Annual Meetings.

U.S. applicants may pay prorated membership dues and application fee by check (made payable to ASHNR), or by using the enclosed Credit Card Authorization Form. Non-U.S. applicants must pay by credit card using the enclosed Credit Card Authorization Form.

Return (with all required documentation) to: American Society of Head and Neck Radiology
Attention: Membership Dept.
800 Enterprise Drive, Suite 205, Oak Brook, IL 60523-4216
Phone: 630-574-0220 ext. 234; E-mail: kkulpaka@asnr.org
Credit Card Authorization Form

Please legibly print or type all information below, and submit this form with your membership application. **All non-U.S. applicants are required to pay their prorated membership dues and application fee by credit card using this form.** Payment must accompany the application. U.S. applicants may elect to pay by either check (made payable to the ASHNR) or credit card, using this form.

Please legibly print or type all information

Applicant’s Name: ____________________________________________________________

Name of Institution/Affiliation: ____________________________________________

Address: ________________________________________________________________

City: ___________________ State/Province: __________________ Zip/Postal Code: __________

Country (if other than U.S.): ________________________________________________

Billing address, if different from above: Check one □ Home □ Institution □ Business Office

Name of Institution/Affiliation: ____________________________________________

Address: ________________________________________________________________

City: ___________________ State/Province: __________________ Zip/Postal Code: __________

Country (if other than U.S.): ________________________________________________

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*When dues are paid in the 4<sup>th</sup> Quarter, membership is valid through December 31 of the following calendar year.

Indicate amount of prorated membership dues and application fee you are paying: $__________

Credit Card (check one): _____American Express _____MasterCard _____Visa

Card Number: ____________________________________________________________ Expiration Date:___________

Name as it appears on the card: ____________________________________________

Signature: ___________________________________________________________________

If paying by credit card, this form must be included with your membership application.

Return completed application and this form to: American Society of Head and Neck Radiology ♦ Attention: Membership Dept.
800 Enterprise Drive, Suite 205 ♦ Oak Brook, IL 60523-4216