

# American Society of Pediatric Neuroradiology

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## MEMBERSHIP INFORMATION

**The membership application procedure has been revised. Before beginning, determine which of the following best describes you:**

- ♦ Current member of ASNR, SPR, or any of the listed ASNR-managed societies
- ♦ Not a member of ASNR, SPR, or any of the listed ASNR-managed societies
- ♦ Current ASPNR *Member-in-Training*, who is applying for *Member* status

### ♦ Categories and Qualifications

**Members** ... shall be radiologists who practice or have a special interest in Pediatric Neuroradiology. These may include neuroradiologists, pediatric radiologists, or other radiologists who have a special interest in pediatric neuroradiology, regardless of geographical site of practice or residence.

To qualify for membership, these individuals may: 1) be a member of, or meet the criteria for membership in the American Society of Neuroradiology (ASNR), any of the related specialty / regional societies managed at the Headquarters Office (the ASFNR, ASHNR, ASSR, ENRS, and WNRS) or the Society for Pediatric Radiology (SPR); and/or 2) be judged worthy of inclusion in the ASPNR by the Membership Committee of the ASPNR on the basis of documented interest in and/or contribution to Pediatric Neuroradiology.

**Members-in-Training** ... shall be members-in-training shall hold a comparable status in the ASNR, any of the specialty societies managed at the Headquarters Office, or the SPR, or meet the criteria for member-in-training in these societies. Upon satisfactory completion of their formal fellowship training, these individuals may apply to the Membership Committee of the ASPNR for acceptance in the appropriate membership category of the ASPNR. ***The Member-in-Training status shall not continue for more than one year following completion of formal fellowship training.***

**Associates** ... shall be physicians or scientists who do not meet other membership criteria, but are judged worthy of inclusion in the ASPNR by the Membership Committee on the basis of documented interest in and/or contribution to Pediatric Neuroradiology.

**Honorary Members** ... shall be individuals who have made an extraordinary contribution to Pediatric Neuroradiology, whether or not they meet criteria for other categories of membership.

### ♦ Application Process ... has been simplified!

**It's as easy as 1-2-3, if you are a member of ASNR, ASFNR, ASHNR, ASSR, ENRS, WNRS, or SPR:**

1. Complete the Parts indicated on the application for the category which suits your background
2. Include prorated membership dues (which include the application fees for *Member* and *Associate* categories)
3. If applying for *Member* status, submit a copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate

Applicants who are *not* members of ASNR, ASFNR, ASHNR, ASSR, ENRS, WNRS, or SPR **must include each of the following:**

- ◆ Completed membership application
- ◆ Two (2) sponsors holding ASPNR *Member* status, or the equivalent from the ASNR, ASFNR, ASHNR, ASSR, ENRS, WNRS, or SPR who are familiar with, and able to substantiate, the reputation and qualifications of the candidate, and his/her involvement or interest in Pediatric Neuroradiology
- ◆ Current curriculum vitae
- ◆ Copy of Radiology Board or Subspecialty certification (formerly CAQ) certificate, if applying for *Member* status.
- ◆ Prorated membership dues (which include the application fee for *Member* and *Associate* categories)

#### ◆ Prorated Membership Dues and Application Fee

Prorated dues ( <i>to the right</i> ) include application fees.		1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
<i>Member</i>	\$125 + \$50 application fee	\$175	\$132	\$88	\$175
<i>Associate</i>	\$75	\$75	\$56	\$38	\$75
<i>Member-In-Training</i> ( <i>Neuroradiology Fellow</i> )	\$0	\$0	\$0	\$0	\$0

\*When dues are paid during the 4<sup>th</sup> Quarter, membership is valid through the following calendar year.

#### ◆ Rights and Benefits of Membership

*Members* shall have the following rights:

- ◆ to participate in the Scientific and Business Meetings and activities of the ASPNR at a reduced fee;
- ◆ to vote, serve on standing committees, and hold elected office in the ASPNR;
- ◆ opportunity to subscribe to the *American Journal of Neuroradiology (AJNR)*, the official journal of the ASPNR, at the discounted member rate.

*Associate, Members-in-Training* and *Honorary* members shall have the following rights:

- ◆ to participate in the Scientific Meetings and activities of the ASPNR at a reduced fee;
- ◆ opportunity to subscribe to the *American Journal of Neuroradiology (AJNR)*, the official journal of the ASPNR, at the discounted member rate;
- ◆ to serve on standing Committees (*Associate* members only)

#### ◆ Deadline for Membership Applications

If a non-ASNR-member applicant wishes to register for the ASNR's Annual Meeting and Foundation Symposium at the reduced ASPNR-member fee, **the application, including required documentation and prorated dues must be received by no later than 6 weeks prior to the meeting. Log onto [www.asnr.org](http://www.asnr.org) for more information on the next ASNR Annual Meeting.**

# ASPNR Membership Application

If a non-ASNR-member applicant wishes to register for the ASNR's Annual Meeting and Foundation Symposium at the reduced ASPNR-member fee, the application, including required documentation and prorated dues must be received by no later than 6 weeks prior to the meeting. Log onto [www.asnr.org](http://www.asnr.org) for more information on the next ASNR Annual Meeting.

Please read the following information carefully before completing this application.

**Current member of ASNR, SPR, or any of the listed ASNR-managed societies ... indicate which society(ies) with an "X", check the appropriate membership category, and follow the directions:**

\_\_\_ ASNR \_\_\_ ASFNR \_\_\_ ASHNR \_\_\_ ASSR \_\_\_ ENRS \_\_\_ WNRS \_\_\_ SPR

- Member ...** complete **Parts 1, 3 and 5** (provide a copy of your Radiology Board or Subspecialty Certification in Neuroradiology, formerly the CAQ), and include prorated dues.
- Associate ...** complete **Parts 1, 5, and applicable sections in between**, and include prorated dues.
- Member-in-Training ...** complete **Parts 1, 2, and 5**.

OR

**Not a member of ASNR, SPR, or any of the listed ASNR-managed societies (above) ... check the appropriate membership category, and follow the directions:**

- Member ...** complete **Parts 1 through 5**, (provide a copy of your Radiology Board or Subspecialty Certification in Neuroradiology, formerly the CAQ), and include prorated dues.
- Associate ...** complete **Parts 1, 5, and applicable sections in between**, and provide prorated dues.
- Member-in-Training ...** complete **Parts 1, 2, and 5**.

OR

**Currently hold ASPNR Member-in-Training status, and are applying for Member status ...** complete **Parts 1, 2, 3, and 5**, and provide a copy of your Radiology Board or Specialty Certification (formerly the CAQ), and provide prorated membership dues.

## PART 1. Current Contact Information

Name: \_\_\_\_\_  
First / Middle Initial / Last Name / Degree Current Title

List **both Home and Office** addresses:

**Home**  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone( ) \_\_\_\_\_  
E-Mail \_\_\_\_\_  
(E-mail address is required – please print legibly)

**Institution or Affiliation**  
Name \_\_\_\_\_  
Department \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
FAX ( ) \_\_\_\_\_

State percentage of time currently involved in Neuroradiology: \_\_\_\_\_% Pediatric Neuroradiology: \_\_\_\_\_%

## PART 2. Neuroradiology Fellowship Training

**Neuroradiology Fellowship 1st year** from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Institution: \_\_\_\_\_ ACGME-Approved Radiology Training Program?  Y  N  
Fellowship Training Director: \_\_\_\_\_ Phone: A/C \_\_\_\_\_  
**Neuroradiology Fellowship 2nd year**  Same as above from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ **OR**  
Institution: \_\_\_\_\_ ACGME-Approved Radiology Training Program?  Y  N  
Fellowship Training Director: \_\_\_\_\_ Phone: A/C \_\_\_\_\_

I certify the above data related to the applicant's fellowship training

To the best of my knowledge, the information contained is true

\_\_\_\_\_  
Signature of Fellowship Training Director

\_\_\_\_\_  
Sponsor's name & signature (other than Fellowship Training Director)  
(continued)

**PART 3. Board Certification (if applying for Member status, enclose a copy of your certificate)**

Check one of the following (below):

- ABR Certificate Date: \_\_\_/\_\_\_/\_\_\_
- Subspecialty Certification in Neuroradiology (formerly CAQ) Date: \_\_\_/\_\_\_/\_\_\_
- If other, specify: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**PART 4. Residency Training**

Type of RESIDENCY \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
 Institution \_\_\_\_\_ Residency Director \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**SPONSORS: only applicants who do NOT belong to any of the societies listed at the beginning of this application require two (2) sponsors.** Sponsors must hold ASPNR Member status, or the equivalent from any of the societies mentioned. All sponsors must be familiar with the reputation and qualifications of the applicant and his/her involvement or interest in Pediatric Neuroradiology. **Sponsors must sign the application.**

Name _____	Name _____
Institution _____	Institution _____
Phone _____	Phone _____
E-mail _____	E-mail _____
Signature _____	Signature _____

**PART 5. Applicant's Signature, Date, and Prorated Membership Dues (if required)**

All applicants must sign the application, and provide prorated membership dues (if required), as indicated below.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**◆ IMPORTANT ◆**

**Members of ASNR, ASFNR, ASHNR, ASSR, ENRS, WNRS, and SPR must submit the following:**

1. Application (with appropriate Parts completed)
2. Prorated dues (*Member* and *Associate* categories only)
3. Copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate, if applying for *Member* status

**The above applies to individuals currently holding ASPNR Associate or Member-in-Training status.**

**All other applicants must provide:**

1. Application (with appropriate Parts completed)
2. Two (2) Sponsors (refer to information under "Sponsors")
3. Current Curriculum Vitae
4. Copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate, if applying for *Member* status
5. Prorated dues (*Member* and *Associate* categories only)

**Prorated dues (to the right) include application fees.**

		1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr. *
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<i>Associate</i>	\$75	\$75	\$56	\$38	\$75
<i>In-Training (Neuroradiology Fellow)</i>	\$0	\$0	\$0	\$0	\$0

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

**U.S. applicants may pay prorated membership dues and application fee by check (made payable to ASPNR), 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.**

If a non-ASNR-member applicant wishes to register for the ASNR's Annual Meeting and Foundation Symposium at the reduced ASPNR-member fee, the application, including required documentation and prorated dues must be received by no later than 6 weeks prior to the meeting. Log onto [www.asnr.org](http://www.asnr.org) for more information on the next ASNR Annual Meeting.

**RETURN (with all required documentation) TO: ASPNR Membership Department**

**800 Enterprise Dr., Suite 205**

**Oak Brook, IL 60523-4216**

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## Credit Card Authorization Form

Please print 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 ASPNR) or credit card, using this form.

**Please legibly print or type the information below:**

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.): \_\_\_\_\_

Indicate amount of *prorated* membership dues and application fee you are paying: \_\_\_\_\_

Prorated dues (to the right) include application fees.		1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.*
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\*When dues are paid in the 4<sup>th</sup> Quarter, membership is valid through the following calendar year.

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.**