



ASPNR Membership Application

If a non-ASNR-member applicant wishes to register for the ASNR Annual Meeting and Foundation of the ASNR Symposium or the ASPNR Annual Meeting 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 either meeting. Log onto www.asnr.org for more information on the next ASNR Annual Meeting and www.aspnr.org for more information on the next ASPNR 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 ___ SENRS ___ 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 () _____

Institution or Affiliation
Name _____
Department _____
Address _____
City _____
State/Zip _____
Phone () _____
FAX () _____

E-Mail _____
(E-mail address is required – please print legibly)

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 _____

Signature of Fellowship Training Director
(continued)

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

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 _____

SPONSOR: Only applicants who do NOT belong to any of the societies listed at the beginning of this application require one (1) sponsor. Sponsor must hold ASPNR Member status, or the equivalent from any of the societies mentioned. Sponsor must be familiar with the reputation and qualifications of the applicant and his/her involvement or interest in Pediatric Neuroradiology and sign the application.

Name _____ Institution _____

Phone _____ E-mail _____

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, SENRS 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 also applies to individuals currently holding ASPNR Associate or Member-in-Training status.

All other applicants must provide:

1. Application (with appropriate Parts completed)
2. One (1) Sponsor (refer to information under "Sponsor")
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 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
<i>Member</i>	\$125 + \$50 application fee	\$175	\$132	\$113	\$175
<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 4th 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.

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**RETURN (with all required documentation) TO: ASPNR Membership Department
 800 Enterprise Dr., Suite 205
 Oak Brook, IL 60523-4216**

PH: 630-574-0220 ext. 234 E-mail: kkulpaka@aspnr.org



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 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 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.*
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
<i>Member</i>	\$125 + \$50 application fee	\$175	\$132	\$113	\$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 in the 4th 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.