

New Jersey Society of  
**Radiologic Technologists, Inc.**

APPLICATION FOR MEMBERSHIP

An Affiliate of the American Society of Radiologic Technologists

Please **PRINT** or **TYPE** the following information:

NAME: \_\_\_\_\_ E-mail \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONES: DAYTIME - \_\_\_\_\_ CELL - \_\_\_\_\_

From the following lists please CHECK ALL CREDENTIALS which describe your status as a Technologist:

Certifications: ARRT -  (R)  (T)  (M)  (CT)  (MR)  (QM)  (N)  (CIT)  RDMS  CNMT

Licenses:  New Jersey  New York  Other Certifications & Licenses:

The chapter system allows members in separate modalities or career pursuit's special representation in the Governing Body of the Society. Enrollment in one PRIMARY chapter is included in your membership fee. Select the chapter below which represents the **MAJORITY** of your employment. **NOTE: You may attend educational functions/meetings at membership rates in ALL modalities.**

- RADIOGRAPHY
- MANAGEMENT
- EDUCATION
- COMPUTED TOMOGRAPHY
- RADIOGRAPHY
- SONOGRAPHY
- RADIATION THERAPY
- MAMMOGRAPHY
- DOSIMETRY
- MRI
- NUCLEAR MEDICINE

**TECHNOLOGIST FEES:** New Member – Active/Associate..... \$35  
Annual Renewal..... \$25

Active Members are registered and/or licensed technologists *actively working* within the modalities above.  
Associate Members are candidates for membership who do not meet the criteria for active status.

CHOOSE ONE:

I am requesting membership in the NJSRT as an  ACTIVE MEMBER  ASSOCIATE MEMBER

EMPLOYER: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
NAME ADDRESS AREA CODE +PHONE

Are you a member of the ASRT?  YES  NO If YES – ASRT Member number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**STUDENT FEES:** Membership (expires on graduation/termination).....\$10.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EDUCATIONAL INSTITUTION: \_\_\_\_\_  
PROPOSED DATE OF GRADUATION: \_\_\_\_\_ Verification by Program Official: \_\_\_\_\_

CAN PAY BY CHECK, MONEY ORDER or CREDIT CARD:

VISA / MASTERCARD / AMEX CARD NUMBER: \_\_\_\_\_

EXP DATE \_\_\_\_ / \_\_\_\_ CID CODE \_\_\_\_ Signature \_\_\_\_\_

**DIRECT ALL CORRESPONDENCE TO:** NJSRT - PO Box 229 - Old Bridge, NJ 08857  
PHONE (732) 607 – 9155