



NJERI
P.O. Box 33016
Trenton, NJ 08629
www.njeri.info

MEMBERSHIP APPLICATION
and/or RENEWAL FORM for change of information
(Membership Year: *September through August*)

Applicants Name _____

E-Mail Address _____
(To receive mail)

Home Address _____

Home Telephone: (____) ____ - ____ Cell Phone (____) ____ - ____

Employer's Name _____

Work # (____) _____

Position/Title: _____

STATUS: Check the appropriate space

FEES: **Active** - \$30.00 **Associate** - \$35.00

- Active:** Technologists currently engaged in the teaching of radiologic technology on a full or part time basis or Radiologic Technologists who by their duties & responsibilities are directly involved in the education of radiologic technologists.
- Associate:** Those persons not eligible for Active Membership but who have contributed to the aims & purposes of the organization.

Signature _____

******PLEASE MAKE ALL CHECKS PAYABLE TO NJERI******

Return completed Application & Associated Fees to above address.