

GEORGIA SOCIETY OF RADIOLOGIC TECHNOLOGISTS, INC.

P.O. Box 767369 Roswell, GA 30076-7369

Phone: 770-475-5216

Fax: 770-475-5218

Email: gsrt@juno.com

MEMBERSHIP APPLICATION: For renewal, only enter Date, Name and update any new information.

Please Print:

D.O.B _____

DATE: _____

FULL NAME: _____

CERTIFICATION TITLE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (HM): _____ **PHONE (WK):** _____

EMAIL: _____

Do you want to receive the Georgia Spectrum and GSRT correspondence by email? ___ Yes ___ No

Are you joining on recommendation of a friend or co-worker? If yes, please list his/her name.

Referred by: _____

(The Silver Award is a cash award given each year to the RT member who recruits the most new RT members between July 1-March 31 of the current society year)

MEMBERSHIP FEE: DUES ARE NON-REFUNDABLE.

Please check appropriate category.

_____ **\$35.00 ACTIVE** (As described in the bylaws)

_____ **\$35.00 SUPPORTER** (Commercial Rep, Patron, etc.)

_____ **\$12.00 STUDENT** (Full-time and actively pursuing certification/degree in a radiologic science)

Name of School: _____ **Date of Graduation:** _____

___ **GSRT** awards student scholarships annually. You may contribute to the Scholarship Fund by including a check for \$25, \$50, \$75, or \$100. Please make check out to GSRT Scholarship Fund. You will be recognized in the Annual Meeting Program as a Scholarship Fund Contributor.

___ **Are you interested in working on a GSRT, Inc. Committee?** ___ YES ___ NO

METHOD OF PAYMENT:

CHECK/MO: Make payable to "GSRT, Inc." Mail to: GSRT, PO Box 767369 Roswell, GA 30076-7369

CREDIT CARD: (Circle One) **Visa** **MasterCard**

Credit Card No: _____ **Exp Date:** _____

Name as listed on Card: _____

Address that card bill is sent to: _____

Signed: _____

