

**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](mailto: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):** \_\_\_\_\_ **(WK):** \_\_\_\_\_ **(CELL):** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

\*\*\*\*\* All publications and notifications will now be sent via email and viewable on our website. \*\*\*\*\*  
\*\*\*\*\* Delivery will be by USPS if no email.

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) \_\_\_\_\_ **\$60.00(ACTIVE) for 2 years** (savings of \$10.00)

\_\_\_\_\_ **\$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:** \_\_\_\_\_