



The New England Roentgen Ray Society, Inc.

www.NERRS.org

APPLICATION FOR ACTIVE MEMBERSHIP

Please print or type.

1. Name: _____ Born in 19 _____
2. Home Address: _____
_____ Telephone: _____
3. Business Address: _____
_____ Telephone: _____
4. For directory listing and Society mailings, use home business address.
5. College: _____ Year Graduated: _____
6. Medical School: _____ Year Graduated: _____
7. Other Postgraduate School: _____
Degree: _____ Year Granted: _____
8. Residency in Radiology at: _____ Year Completed: _____
9. Fellowship in _____ Radiology
at _____ Year Completed: _____
10. Licensed to practice medicine in the following states: _____

11. Member of following professional societies: _____

12. Diplomate of American Board of Radiology: YES NO
If no, are you eligible? YES NO
If yes, year certified: _____
13. List your hospital staff appointments: _____

Do not write in this space.

1. App. Received _____ 2. Circulated _____ 3. Approved _____

14. List your medical school teaching appointments: _____

15. Do you practice radiology exclusively? YES NO

16. What is your field of practice? Diagnostic Radiology Radiotherapy Nuclear Medicine
 Radiobiology Radiation Physics Other (indicate field) _____

17. What is your practice association? University Hospital Community Hospital Private Office
 Hospital and Private Office Government Facility Other _____

If "Other" describe briefly: _____

I hereby apply for ACTIVE membership in the New England Roentgen Ray Society, Inc. If elected, I will abide by its constitution, bylaws, and code of ethics.

.....
Signature **Date**

Sponsor: Each applicant must be sponsored by an active member of the Society. *The sponsor must sign this application personally.*

.....
Name **Signature** **State**

INFORMATION CONCERNING APPLICATION FOR MEMBERSHIP:

1. Applicants are urged to read the Society's bylaws and code of ethics, especially those sections pertaining to requirements for membership and principles for the ethical practice of radiology. If you have not already received a copy, the secretary will mail one to you on request.
2. Active Membership: A candidate for active membership must be a physician or a scientist, active in radiology or an allied field. Physicians must be diplomates of the American Board of Radiology or eligible to be examined by the American Board of Radiology. The Executive Committee of this Society may grant active membership to physicians with other qualifications if these are considered appropriate. Candidates for active membership who are not physicians must hold board equivalent qualifications considered acceptable to the Executive Committee of the Society.
3. The Executive Committee will review all applications; it has the power to reject or to hold for further consideration such applications for membership that, in its opinion, do not fully comply with requirements for membership.
4. Please send the completed application with a check in the appropriate amount for membership status to the chapter administrator of the New England Roentgen Ray Society, Inc.:

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