

# American Society of Functional Neuroradiology

## Membership Application

(Please type or print legibly)

Membership category applied for:  *Member*  *Student*

1. Name \_\_\_\_\_  
First / Middle Initial / Last Name / Degree

2. List *both* home and office addresses:

**Home**

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_

Phone: A/C ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

(E-mail address is *required* – please print legibly)

**Office**

Institution \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_

Phone: A/C ( ) \_\_\_\_\_

FAX \_\_\_\_\_

3. Indicate all the societies of which you are a member with an "X":  
\_\_\_\_\_ ASNR    \_\_\_\_\_ ASHNR    \_\_\_\_\_ ASPNR  
\_\_\_\_\_ ASSR    \_\_\_\_\_ ENRS    \_\_\_\_\_ WNRS

**IMPORTANT:**

- ◆ **If you are a member of any of the societies listed under #3 (above), proceed to #10 ...** sign and date the application, and provide the appropriate amount of prorated dues -- you do NOT need to complete the other sections of this application.
- ◆ **If you are NOT a member of any of the societies listed under #3,** you *must* complete all portions of this application, provide the required documentation and prorated dues.
- ◆ **Incomplete applications will not be processed.**

4. Indicate if you belong to the following (if you are not an ASNR member, you *must* belong to one of these societies):  ISMRM     OHBM

5. **Sponsorship: *only* applicants who do NOT belong to any of the societies listed above require one (1) sponsor.** Sponsors must be members in good standing, holding ASFNR *Member* status, or the equivalent from any of the societies mentioned in #3. All sponsors must be familiar with the reputation and qualifications of the candidate and his/her involvement or interest in spine radiology.

Sponsor's Name \_\_\_\_\_

Institution \_\_\_\_\_

Phone: A/C ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

6. **Certification:** Board (1) \_\_\_\_\_ Date \_\_\_\_\_  
Board (2) \_\_\_\_\_ Date \_\_\_\_\_  
Subspecialty Certification (formerly CAQ) \_\_\_\_\_ Date \_\_\_\_\_

7. **Medical (or Graduate) Education** (include location, dates, and degree):

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(continued)

8. **Post-Graduate Education** (Internship, Residency, Fellowships) (*including location and dates*):  
 Internship \_\_\_\_\_ Dates \_\_\_\_\_  
 Residency \_\_\_\_\_ Dates \_\_\_\_\_  
 Fellowships \_\_\_\_\_ Dates \_\_\_\_\_

9. **Practice Setting:**  Academic  Private  Other \_\_\_\_\_

10. **I agree to abide by the ASFNR Constitution and any revisions thereof:**

\_\_\_\_\_  
 Applicant's Signature Date

◆ **IMPORTANT** ◆

**Members of ASNR, ASHNR, ASPNR, ASHNR, ASSR, ENRS, and WNRS must submit the following:**

1. Application (**only** provide information for **#1 through #3 on the application**) – be certain to sign and date the application under **#10**
2. Prorated membership dues (which include the application fee for *Member* status)

**All other applicants must provide:**

1. Application (completed in its entirety)
2. One (1) Sponsor (refer to Sponsorship for information)
3. Current Curriculum Vitae
4. Prorated membership dues (which include the application fee for *Member* status)
5. Letter from Department Chairman verifying status and date of graduation (*Student Member* applicants only)

A S F N R ( <i>prorated dues include application fees</i> )		1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
<i>Member</i>	\$50 + \$25 application fee	\$75	\$63	\$50	\$75
<i>Student</i>	\$10	\$10	\$8	\$5	\$10

*Study Groups are an additional \$10 each (not prorated) – add \$10 for each group subscription, and indicate the group:*

\_\_\_\_\_ **BOLD fMRI**                      \_\_\_\_\_ *Diffusion/Perfusion Imaging*  
 \_\_\_\_\_ *Magnetoencephalography (MEG)*                      \_\_\_\_\_ *Molecular Neuroimaging*

\*When dues are paid in the 4<sup>th</sup> Quarter, membership is valid through the following calendar year.

**U.S. applicants may pay prorated membership dues and application fee by check (made payable to ASFNR), or by using the enclosed *Credit Card Authorization Form*. Non-U.S. applicants must pay by credit card using the enclosed *Credit Card Authorization Form*.**

If you wish to attend either the ASFNR Annual Meeting or ASNR Annual Meeting, your completed application must be received 30 days prior to the respective meeting. Log onto [www.asfnr.org](http://www.asfnr.org) or [www.asnr.org](http://www.asnr.org) for more information on upcoming ASFNR Annual Meetings and ASNR Annual Meetings.

**RETURN (with all documentation, if required) TO:**

**American Society of Functional Neuroradiology**  
**Attention: Membership Dept.**  
**2210 Midwest Road, Suite 207**  
**Oak Brook, IL 60523-8205**  
**PH: 630-574-0220 ext. 234**  
**E-mail: [bmack@asnr.org](mailto:bmack@asnr.org)**

# ASFNR

2210 Midwest Road, Suite 207  
Oak Brook, IL 60523-8205  
PH: 630-574-0220 ext. 234 E-mail: [bmack@asnr.org](mailto:bmack@asnr.org)

## Credit Card Authorization Form

Please print all information below, and submit this form with your membership application. **All non-U.S. applicants are required to pay their *prorated* membership dues and application fee by credit card using this form.** Payment must accompany the application.

U.S. applicants may elect to pay by either check (made payable to the ASFNR) or credit card, using this form.

**Please legibly print or type the information below:**

Applicant's Name: \_\_\_\_\_

Name of Institution/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country (if other than U.S.): \_\_\_\_\_

Billing address, if different from above: Check one  *Home*  *Institution*  *Business Office*

Name of Institution/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country (if other than U.S.): \_\_\_\_\_

Indicate which *prorated* membership dues and application fee you are paying: \_\_\_\_\_

A S F N R ( <i>prorated dues include application fees</i> )		1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr. *
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\*When dues are paid in the 4<sup>th</sup> Quarter, membership is valid through the following calendar year.

Credit Card (check one): \_\_\_\_\_ American Express    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_

**If paying by credit card, this form must be included with your membership application.**

**IMPORTANT!!**

**Return application to:**

**ASFNR Membership Department**

**2210 Midwest Road, Suite 207 ♦ Oak Brook, IL 60523-8205**