

American Society of Functional Neuroradiology

Membership Application (Please type or print legibly)

Benefits of ASFNR Membership

Members support the scientific and educational objectives of the ASFNR, and also receive the following benefits:

- Online access to downloadable Paradigms.
- Access to the ASFNR Membership Directory.
- Committee Service (Member and Associate).
- Online access to the Annual Meeting Abstracts.
- Option to join up to four ASFNR Study Groups.
- Certificate of Membership (*Member and Associate only*).
- Download digital versions of the Annual Meeting Syllabi.
- Reduced registration fee to attend the ASFNR Annual Meeting.
- Subscription to the *American Journal of Neuroradiology* at a reduced rate.

Membership is Available in the Following Categories

- **Member:** Shall be a radiologist, neuroradiologist, physicist, or scientist who practices or has a special interest in functional neuroradiology.
- **Associate:** Shall be a physician, scientist, or radiologic technologist (M.D., D.O., Ph.D., R.T.) with a special interest in functional neuroradiology but who does not fulfill the criteria for *Member* status.
- **Trainee:** Shall be medical students, graduate students, undergraduate students, residents or fellows. A postdoctoral fellow will be considered a trainee member if they are within four years of their doctoral degree.

You can apply for membership online at <https://secure.asnr.org/membership-application/asfnr-member>

Membership Application

Membership category applied for: *Member* *Associate* *Trainee*

1. Name _____
First / Middle Initial / Last Name / Degree

2. List *both* home and office addresses:

Home	Office
Address _____	Institution _____
City/State _____	Department _____
Zip _____	Address _____
Phone: (____) _____	City/State _____
E-mail address _____	Zip _____

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

Which address is preferred? Home Office

3. **Certification:** Board (1) _____ Date _____
Board (2) _____ Date _____
Subspecialty Certification (formerly CAQ) _____ Date _____

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

5. **Post-Graduate Education** (*Internship, Residency, Fellowships*) (*including location and dates*):
Internship _____ Dates _____
Residency _____ Dates _____
Fellowships _____ Dates _____

6. **Practice Setting:** Academic Private Other _____

7. Indicate all the societies of which you are a member with an "X":
 ASNR ASHNR ASPNR ASSR ENRS SENRS WNRS
 ISMRM OHBM

8. Sponsorship: applicants who do NOT belong to ASNR, ASHNR, ASPNR, ASSR, ENRS, SENRS or WNRS require one (1) sponsor.
 Sponsors must be members in good standing, holding ASFNR Member status.. All sponsors must be familiar with the reputation and qualifications of the candidate and his/her involvement or interest in functional neuroradiology. Please email max.wintermark@gmail.com if you need suggestions for sponsors.

Sponsor's Name _____
 Institution _____
 Phone: () _____ E-mail _____

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

 Applicant's Signature Date

IMPORTANT

Applicants must provide:

1. Application (completed in its entirety)
2. Current Curriculum Vitae

ASFNR

Category	Annual Dues	
<i>Member</i>	\$125 + \$25 application fee	\$150
<i>Associate</i>	\$75 + \$25 application fee	\$100
<i>Student</i>	\$0	\$0

Study Groups are an additional \$10 each – add \$10 for each group subscription, and indicate the group:

BOLD fMRI *Diffusion/Perfusion Imaging* *AI*
 Neuropsychiatric MR *Pediatric Advanced Neuroimaging*

U.S. applicants may pay application fee online or by using this paper application+check (made payable to ASFNR). Non-U.S. applicants must apply and pay by credit card online.

If you wish to attend the ASFNR Annual Meeting and receive a member discount, your completed application must be received prior to the respective meeting. Log onto www.asfnr.org for more information on upcoming ASFNR Annual Meetings.

RETURN (with all documentation, if required) TO:

**American Society of Functional Neuroradiology
 Attention: Membership Dept.
 800 Enterprise Dr., Suite 205
 Oak Brook, IL 60523-4216
 PH: 630-574-0220 ext. 222
 E-mail: lkennelly@asnr.org**