



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, SENRS, 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 and Associate* 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 and Associate* 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>	\$100 + \$25 application fee	\$150	\$112	\$88	\$150
<i>Associate</i>	\$50 + \$25 application fee	\$75	\$63	\$50	\$75
<i>Student</i>	\$25 (Not Prorated)	\$25	\$25	\$25	\$25

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

\_\_\_\_\_ **BOLD fMRI**    \_\_\_\_\_ **Diffusion/Perfusion Imaging**    \_\_\_\_\_ **Machine Learning**    \_\_\_\_\_ **Neuropsychiatric MR**

\*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.**  
**800 Enterprise Dr., Suite 205**  
**Oak Brook, IL 60523-4216**  
**PH: 630-574-0220 ext. 234**  
**E-mail: [kkulpaka@asnr.org](mailto:kkulpaka@asnr.org)**

# ASFNR

800 Enterprise Dr., Suite 205  
Oak Brook, IL 60523-4216  
PH: 630-574-0220 ext. 234 Email: kkulpaka@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. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
<i>Member</i>	\$125 + \$25 application fee	\$150	\$112	\$88	\$150
<i>Associate</i>	\$50 + \$25 application fee	\$75	\$63	\$50	\$75
<i>Student</i>	\$25	\$25	\$19	\$13	\$25

*Study Groups are an additional \$10 each (not prorated) – add \$10 for each group subscription, and indicate the group:*  
\_\_\_\_\_ *BOLD fMRI*    \_\_\_\_\_ *Diffusion/Perfusion Imaging*    \_\_\_\_\_ *Machine Learning*    \_\_\_\_\_ *Neuropsychiatric MR*

\*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  
800 Enterprise Dr., Suite 205 ♦ Oak Brook, IL 60523-4216