Membership Application

Please Print First and Last Name

Membership Personalization

Select Your Journal Preference

C *Radiologic Technology* a

Premium Membership Option

Payment Information

M a . . . . . $

P ($20 a). . . . . $

T a a a ($5 a a) . . . $

ASRT F a a . . . . . $

A a (a) . . . . . $ 10.00

T a . . . . . $

Payment Method Please indicate payment method.

☐C M O ☐C Ca Please do not send cash. D a U.S. .

Ca N . Na (a a a a)

E (/) / S a (a a a a)