



**ARKANSAS SOCIETY OF
RADIOLOGIC TECHNOLOGISTS
Membership Application**

I hereby make membership application to the ArSRT for year 20____.
As a member, I agree to support the Bylaws of the ArSRT and promote the organization.

Please print clearly:

NAME: _____
Last First Middle Maiden

ADDRESS: _____
Street/PO Box

City State Zip

E-MAIL ADDRESS: _____
(Required for Correspondence of ArSRT)

EMPLOYER: _____ **T-SHIRT SIZE:** _____

PHONE: Home / Cell # _____ **Work #** _____

NEW MEMBER: Recruited by _____

RENEWAL OF MEMBERSHIP : MEMBERSHIP NUMBER _____ **(ON ArSRT CARD)**

CATEGORY OF MEMBERSHIP : *(SELECT ONLY ONE)*

ACTIVE **ASSOCIATE** **LIFE**

DO YOU BELONG TO THE AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS? _____

CURRENT FEES: *PLEASE MAKE CHECKS PAYABLE TO: ArSRT*

\$50.00 ACTIVE (1 year) (Registered by the ARRT)

\$85.00 ACTIVE (2 years) (Registered by the ARRT)

\$50.00 ASSOCIATE (Licensed by the State of Arkansas)

LIFE (Granted by the Executive Board, no dues required)

I wish to contribute to the Ken Baltz fund: Amount: _____
Please make separate check payable to: Ken Baltz Memorial Fund

**MAIL APPLICATION AND CHECK TO: ArSRT, PO BOX 241492,
LITTLE ROCK, AR 72223**