ACR® American College of Radiology
Quality is Our Image

ACRA® American College of Radiology Association

Application for Medical School Student, Transitional Year Resident or Fellow for Member-in-training Membership

I am a: ☐ Medical Student ☐ Transitional Year Resident ☐ Fellow

I am very interested in becoming a (check one):
☐ Diagnostic Radiologist ☐ Interventional Radiologist ☐ Radiation Oncologist ☐ Nuclear Medicine Physician ☐ Medical Physicist

Please Note: Your membership application will not be accepted unless it is accompanied by a letter on school stationery from your program verifying your current training status and including the starting and ending dates of your current training.

Referring Member Information (Please complete if you were referred by an ACR Member):

Name _____ Email Address _____
First Last

City _____ State/Province _____ Country _____

Please print or type.

Applicant's Name in Full: _____ Degrees: _____
Last First Middle (MD, PhD, MB, etc.)

Former Name (if applicable): _____ E-mail Address: _____

Gender ☐ **M** ☐ **F** **Birth Date*** _____ **Last 4 digits of SSN/SIN*** _____

Home Address: _____

_____

City _____

State/Province _____ ZIP/Postal Code _____

Country _____

Business Address: _____

_____

City _____

State/Province _____ ZIP/Postal Code _____

Country _____

Home address will be used for mailings. **Preferred Billing Address**: ☐ Home ☐ Business

Business information will be used for Membership Directory, per ACR Council 1987 resolution, amended 1997, 2007 (Res. 36-A).

Home Phone _____ Business Phone _____

Home Fax _____ Business Fax _____

I hereby certify that the information given above is correct to the best of my knowledge.

Signature of Applicant _____ Date _____

Mail application and letter on school stationery from medical school or transitional year residency program verifying your status and dates of training to:

Membership Services • American College of Radiology • 1891 Preston White Dr. • Reston, VA 20191-4326 • USA
00+1 703·648·8900, ext. 4064 • 00+1 800·347·7748 • Fax 00+1 703·264·2093 • E-mail **membership@acr.org**

*Birth date and last four digits of SSN/Canadian SIN are used to uniquely identify you in our database.