



AMERICAN SOCIETY OF HEAD AND NECK RADIOLOGY

2210 Midwest Road, Suite 207, Oak Brook, IL 60523-8205

Phone: 630-574-0220, ext 234 ♦ FAX: 630-574-0661

E-mail: bmack@asnr.org ♦ Website: www.ashnr.org

Membership Information and Application Instructions

Membership Categories and Benefits

ACTIVE MEMBER- Physician who practices radiology in North America or South America, and who is certified in general radiology by the American or Canadian Boards of Radiology, or a comparable certifying organization.

ACTIVE MEMBER BENEFITS- Reduced registration fees to attend the ASHNR Annual Meeting and the American Society of Neuroradiology (ASNR) Annual Meeting, subscription to the Society journal *American Journal of Neuroradiology* at the ASNR member rate, member mailings, access to “Members Only” section of ASHNR website, membership certificate, right to vote, and right to hold office.

ASSOCIATE MEMBER- Physician who practices radiology outside North America or South America, and who is certified in general radiology by an organization comparable to the American or Canadian Boards of Radiology.

ASSOCIATE MEMBER BENEFITS -Reduced registration fees to attend the ASHNR Annual Meeting and ASNR Annual Meeting, subscription to the Society journal *American Journal of Neuroradiology* at ASNR member rate, member mailings, access to “Members Only” section of ASHNR website, and membership certificate.

AFFILIATE MEMBER- Non-MD or DO-equivalent radiology professional such as an Oral/Maxillofacial Radiologist, MRI Scientist, or other Allied Health Professional whose special qualifications is deemed valuable to the ASHNR and is approved for membership by the Membership and Executive Committees.

A non-physician radiologist who has a professional (e.g. dental) degree, has completed a recognized post-graduate radiology program, and has achieved certification from an acknowledged institution, and practice in North America or South America will also be considered.

AFFILIATE MEMBER BENEFITS- Reduced registration fees to attend the ASHNR Annual Meeting and ASNR Annual Meeting, subscription to the Society journal *American Journal of Neuroradiology* at ASNR member rate, member mailings, access to “Members Only” section of ASHNR website, membership certificate, and the right to hold office on specific committees after three consecutive years of membership.

IN-TRAINING MEMBER- Physician who has an interest in head and neck radiology, and currently participating in a full-time, accredited radiology training program at the Resident or Fellow level.

IN-TRAINING MEMBER BENEFITS- Advance notice to register for the ASHNR Annual Meeting and ASNR Annual Meeting, subscription to the Society journal *American Journal of Neuroradiology* at the ASNR member rate, access to “Members Only” section of ASHNR website, and member mailings.

Please read these instructions carefully prior to completing the application, and determine whether you need to provide sponsors or additional documents.

If you are a member of:

- American Society of Neuroradiology (ASNR)
 - American Society of Functional Neuroradiology (ASFNR)
 - American Society of Pediatric Neuroradiology (ASPNR)
 - American Society of Spine Radiology (ASSR)
 - Eastern Neuroradiological Society (ENRS)
 - Western Neuroradiological Society (WNRS):
1. Complete sections 1, 2, 3, and 13 of the Membership Application
 2. If required, include prorated membership dues (includes application fee)
 3. If applying for *Active* status, submit a copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate

If you are not a member of any of the societies above, you must include each of the following:

- ◆ Membership Application completed in full
- ◆ One (1) sponsor letter from an ASHNR *Active* member* (or the equivalent from the ASNR, ASFNR, ASPNR, ASSR, ENRS, or WNRS) who is familiar with, and able to substantiate, the reputation and qualifications of the applicant, and his/her involvement or interest in head and neck radiology
- ◆ Current curriculum vitae
- ◆ Copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate, if applying for *Active* status.
- ◆ If required, prorated membership dues (which include an application fee for *Active* and *Associate* status)

*Three (3) sponsor letters are required for *Affiliate* applicants. Sponsors should be familiar with applicant’s current professional activities.

*In addition to One (1) sponsor letter, applicants for *In-Training* status must include a letter from their training program director confirming participation. *In-Training* Membership is valid through the next ASHNR Annual Meeting following the conclusion of training program.

◆ Prorated Membership Dues ◆

Prorated dues (<i>to the right</i>) include application fees.		1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
<i>Active</i>	\$200 + \$100 application fee	\$300	\$250	\$200	\$300
<i>Associate</i>	\$200 + \$100 application fee	\$300	\$250	\$200	\$300
<i>Affiliate</i>	\$200 + \$100 application fee	\$300	\$250	\$200	\$300
<i>In-Training</i>	\$0	\$0	\$0	\$0	\$0

*When dues are paid during the 4th Quarter, membership is valid through December 31 of the following calendar year.

Please Note:

If you wish to register as an ASHNR Member for the ASHNR Annual Meeting and or, if you are not already an ASNR member, the ASNR Annual Meeting, your completed application must be received **30 days** prior to the respective Annual Meeting. Log on to www.ashnr.org or www.asnr.org for information on upcoming ASHNR and ASNR Annual Meetings.



AMERICAN SOCIETY OF HEAD AND NECK RADIOLOGY

Membership Application (Please legibly print or type all information)

Indicate which membership category you are applying for: Active Associate Affiliate In-Training

1. Your name: _____
First Middle Last Name Degree

2. List home and work contact information and indicate, with an "X", your preferred mailing/billing address:

Home

Work

Phone _____
Fax _____
E-mail _____

Institution _____
Department _____
Address _____
City/State (Province) _____
Zip (Postal Code) _____
Phone _____
Fax _____
E-mail _____

(a work or home E-mail is required)

3. Indicate with an "X" all of the following societies of which you are currently a member:
____ ASNR ____ ASFNR ____ ASPNR ____ ASSR ____ ENRS ____ WNRS

- ◆ **If you are a member of any of the societies listed above**, proceed to #13, sign and date application, and provide the appropriate amount of prorated dues -- you DO NOT need to complete sections 4-12.
- ◆ **If applying for Active status**, provide copy of your Radiology Board or Subspecialty Certification certificate.
- ◆ **If you are NOT a member of any of the societies listed above**, complete the entire application, provide the required documentation, and prorated dues, if applicable. Incomplete applications will not be processed.

4. Percentage of time currently devoted to practice, study, and/or research in Head and Neck Radiology: ____%

5. Certification: Board (1) _____ Date ____/____/____

Board (2) _____ Date ____/____/____

Subspecialty Certification (formerly CAQ) _____ Date ____/____/____

6. Undergraduate Education (including location, dates, and degrees):

Medical (or Graduate) Education (including location, dates, and degree):

Internship (including location and dates):

7. Residency and Fellowships (*including locations and dates*):

8. Sponsor's Name (must be an ASHNR *Active Member*): _____
9. Please describe your practice setting:
 Academic Private Other _____
10. Indicate with an "X" other societies to which you may belong: RSNA AUR ISMRM
 ARRS ACR Other(s) _____
11. Appointments (include office, editorial assignments, committee service, with dates): _____

12. Honors/Awards: _____

13. Applicant's Signature: _____ Date _____

◆ IMPORTANT ◆

Members of ASNR, ASFNR, ASPNR, ASSR, ENRS, or WNRS must provide: <ol style="list-style-type: none"> Membership Application (complete only sections 1, 2, 3, and 13) Prorated membership dues (includes application fee for <i>Active/Associate/Affiliate</i> status) Copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate, if applying for <i>Active</i> status 		Other applicants must provide: <ol style="list-style-type: none"> Membership Application (completed in its entirety) One (1) Sponsor letter. Three (3) sponsor letters are required if applying for <i>Affiliate</i> status Current Curriculum Vitae Copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate, if applying for <i>Active</i> status Prorated membership dues (includes application fee for <i>Active/Associate/Affiliate</i> status) 			
Prorated dues (to the right) include application fee		1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
<i>Active</i>	\$200 + \$100 application fee	\$300	\$250	\$200	\$300
<i>Associate</i>	\$200 + \$100 application fee	\$300	\$250	\$200	\$300
<i>Affiliate</i>	\$200 + \$100 application fee	\$300	\$250	\$200	\$300
<i>In-Training</i>	\$0	\$0	\$0	\$0	\$0

*When dues are paid in the 4th Quarter, membership is valid through December 31 of the following calendar year.

If you wish to register at the member rate for either the ASHNR Annual Meeting or ASNR Annual Meeting (if you are not an ASNR member), your completed application must be received 30 days prior to the respective meeting. Log onto www.ashnr.org or www.asnr.org for more information on upcoming ASHNR Annual Meetings and ASNR Annual Meetings.

U.S. applicants may pay prorated membership dues and application fee by check (made payable to ASHNR), 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*.

Return (with all required documentation) to: American Society of Head and Neck Radiology
 Attention: Membership Dept.
 2210 Midwest Road, Suite 207, Oak Brook, IL 60523-8205
 Phone: 630-574-0220 ext. 234; E-mail: bmack@asnr.org



AMERICAN SOCIETY OF HEAD AND NECK RADIOLOGY

2210 Midwest Road, Suite 207, Oak Brook, IL 60523-8205

Phone: 630-574-0220 ext. 234 ♦ FAX: 630-574-0661 ♦ E-mail: bmack@asnr.org

Credit Card Authorization Form

Please legibly print or type 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 ASHNR) or credit card, using this form.

Please legibly print or type all information

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.): _____

Prorated dues include application fee		1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
<i>Active</i>	\$200 + \$100 application fee	\$300	\$250	\$200	\$300
<i>Associate</i>	\$200 + \$100 application fee	\$300	\$250	\$200	\$300
<i>Affiliate</i>	\$200 + \$100 application fee	\$300	\$250	\$200	\$300
<i>In-Training</i>	\$0	\$0	\$0	\$0	\$0

*When dues are paid in the 4th Quarter, membership is valid through December 31 of the following calendar year.

Indicate amount of prorated membership dues and application fee you are paying: \$ _____

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.

Return completed application and this form to: American Society of Head and Neck Radiology ♦ Attention: Membership Dept.
2210 Midwest Road, Suite 207 ♦ Oak Brook, IL 60523-8205