



**American Alliance of Academic Chief Residents in Radiology (A³CR²)
2011-2012 Membership Application and Biographical Data Form**

Dues Year: July 1st through June 30th

Name in Full: _____ **Degree:** _____

Dept/Institution: _____

Address: _____ **Birth (mm/dd/yy):** _____

City, State, Zip: _____

Office Phone: _____ **Fax:** _____ **E-mail Address:** _____

PREFERRED ADDRESS FOR CORRESPONDENCE AND JOURNAL (if different from above):

Address: _____ City, State, Zip: _____

Please complete: Medical School: _____ (Place) _____ (Graduation Year)
Internship: _____ (Place) _____ (Dates)
Residency: _____ (Place) _____ (Dates- include completion date)

Membership in the AUR is required in order to participate in A³CR². Please submit A³CR² fee and AUR membership dues payment with application.

Current AUR Members:

- ___ Chief Resident A³CR² Alliance Fee (\$75)
- ___ Former Chief Resident A³CR² Alliance Fee (\$75)

AUR Non-Members:

- ___ Chief Resident A³CR² Alliance Fee (\$75) plus AUR membership fee:
 - ___ July 1, 2011 – June 30, 2012 (\$60)
 - or
 - ___ January 1, 2012 – June 30, 2012 (\$30)
- ___ Former Chief Resident A³CR² Alliance Fee (\$75) plus AUR membership fee:
 - ___ July 1, 2011 – June 30, 2012 (\$60)
 - or
 - ___ January 1, 2012 – June 30, 2012 (\$30)

Signature: I, the undersigned, submit this application form for consideration by the AUR Membership Committee and recommend the candidate for participation in this program.

Signature of Program Director (for resident/fellow applicants) (Name-typed)

Check payable to AUR (US funds, drawn on a US bank) in the amount of \$_____.

By sending your check to us, you authorize AUR to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment.

Please charge the amount of \$_____ to the following:

MasterCard VISA Credit Card # _____ Exp. Date: _____

Name on Card: _____ Signature: _____

**Please return completed form to: AUR Membership Office
820 Jorie Boulevard
Oak Brook, IL 60523
Phone: (630) 368-3730 Fax: (630) 571-7837 E-mail: AUR@rsna.org**