



The Association of University Radiologists
2009-2010 Junior Membership Application and Biographical Data Form

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 check one: Medical School: (Place) (Graduation Year)
Internship: (Place) (Dates)
Residency: (Place) (Dates- include completion date)
Fellowship: (Place) (Dates- include completion date)

If junior faculty, list present academic appointment:

(Institution) (Rank) (Month/Year of appointment)

Note: Junior faculty are eligible for this subsidized classification of membership for the first two years of their first faculty appointment. At the end of that period, the member can apply for full membership according to the Bylaws of the AUR.

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

1. Signature of Department Chair (for junior faculty applicants) or Program Director (for resident/fellow applicants) (Name-typed)

OPTIONAL: Indicate your interest in AUR Alliance participation. At this time AUR has organized Alliances for members interested in career advancement as a clinician-educator (Alliance of Clinician-Educators in Radiology - ACER), for members who are directors of medical student radiology education programs or members who play a significant role in the radiology education of medical students (Alliance of Medical Student Educators in Radiology - AMSER), for members who are involved in health services research (Radiology Alliance for Health Services Research - RAHSR), and for members who serve as research directors or members who play a significant role in fostering radiology research for their departments (Radiology Research Alliance - RRA).

Alliance fees are \$50 for ACER, RAHSR and RRA. Upon request, Junior members will receive free membership in AMSER. Please submit your Alliance fee(s) with your dues payment.

- I am interested in ACER participation.
I am interested in AMSER participation.
I am interested in RAHSR participation.
I am interested in RRA participation.

Dues must accompany application when submitted. Membership and subscription to *Academic Radiology* will begin approximately 6 weeks after submission of application form. Membership dues are \$60.00 for applications received between July 1 and December 31 and \$30.00 for applications received between January 1 and June 30.

Enclosed is my check payable to AUR (US funds, drawn on a US bank) for Membership Dues 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 my Membership Dues in 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