



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

Name in Full: _____ **Degree:** _____
(First) (Middle Initial) (Last)

Address: _____

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

City, State, Zip: _____

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

Please check one: Medical School: _____
(Place) (Graduation Year)

Internship: _____
(Place) (Dates)

Note: Medical Students will retain their student status until the conclusion of their internship. At that time, student members will be eligible for junior 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 Medical Student Radiology Clerkship/Elective Director (Name-typed)

At this time AUR has an organized Alliance 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). **Student members automatically have AMSER membership without an additional payment.**

Membership will begin approximately 6 weeks after submission of application form.

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