



The Association of University Radiologists
2010-2011 Associate 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: _____

- Field of Study: [] Information Technology Specialist [] Radiology Nurse/Technologist
[] Physician/Scientist Associated with Radiology [] Residency/Fellow Program or
[] Radiology Administrator Medical Student Curriculum Coordinator

Medical School: _____ (Graduation Year)

Post graduate: _____ Year(s) _____ Year(s)

Training: _____ Year(s) _____ Year(s)

Please list Present and Past Academic Appointments

Table with 3 columns: Institution, Rank, Month/Year

The AUR Bylaws specify that candidates for associate membership be nominated by one AUR members (Full or Emeritus):

Signatures: I, the undersigned, submit this application for consideration by the Membership Committee and recommend him/her as a Member of AUR.

(AUR Member Sponsor Signature) (Name-typed)

Department Chair (Signature) (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 \$75 for AMSER, \$50 for ACER, RAHSR, and RRA. 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.

**Association of University Radiologists
Application for Associate Membership Instructions**

1. All radiology residency/fellowship program coordinators, radiology medical student curriculum coordinators, computer support personnel, radiology administrators, radiology nurses or technologists, in an accredited medical school, in an institution with a radiology residency or fellowship program, whether or not it is university based, or in a program applicable to or related to radiology or radiologic sciences will be eligible for associate membership.
2. The applicant must spend a significant amount of his or her time in academic or administrative duties related to radiology or the radiologic sciences. This level of activity must be attested to by the dean, director, or chief executive of the institution or chair of the department in the application for membership, and must be continued for retention of membership in AUR.
3. A Full or Emeritus member of the Association may submit nominations for membership.
4. Applicants who are interested in participating in one of the AUR Alliances should be actively involved in the endeavor for which the Alliance is organized.
5. Please complete the following applicant pledge.

If elected to membership, I agree to abide by the Bylaws and Regulations of the Association of University Radiologists and such changes and amendments as may hereafter be properly adopted. I hold a position in the

Department of _____ at the

_____ with a time distribution of my effort as described above.

(Institution)

(Signature of applicant)

(Date)

Re-application by Former Members:

Please fill out a new application form and have the institution write a letter attesting to status. No sponsoring signatures are required.

Dues must accompany application when submitted. Membership dues are \$260.00* for applications received between July 1 and December 31 (of which \$60.00 is applied toward a subscription to the official journal of the AUR, *Academic Radiology*) and \$130.00* for applications received between January 1 and June 30 (of which \$30.00 is applied toward a subscription to *Academic Radiology*).

* This amount is subject to change and does not include the modest Alliance participation assessment.

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**