



Association of University Radiologists
2017-2018 Junior Membership Application and Biographical Data Form

Name in Full: _____ Degree: _____

Dept/Institution: _____

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

City, State, Zip/Postal Code: _____

Office Phone: _____ E-mail Address: _____

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

Address: _____ City, State, Zip/Postal Code: _____

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

Internship: _____ (Place) _____ (Dates)

Residency: _____ (Place) _____ (Dates- include completion date)

Fellowship: _____ (Place) _____ (Dates- include completion date)

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

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

OPTIONAL: Indicate your interest in AUR Affinity Group participation. At this time, AUR has organized Affinity Groups 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).

Upon request, junior members will receive free membership in ACER, AMSER, RRA and/or RAHSR.

- I would like to join ACER. (No charge)
I would like to join AMSER. (No charge)
I would like to join RAHSR. (No charge)
I would like to join RRA. (No charge)

Over

Dues must accompany application when submitted.

Membership dues are \$60.00 and run the academic year of July 1, 2017 to June 30, 2018.

New members applying for membership between January 1, 2018 and June 30, 2018 are eligible for half year membership dues of \$30.00. Former members do not qualify for half year membership.

Membership and a subscription to *Academic Radiology*, the official journal of the AUR, will begin approximately 6 weeks after submission of application form.

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 # _____ CVV Code: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Any questions, please contact AUR@rsna.org

**Please return completed form to:
AUR Membership Office - 820 Jorie Boulevard - Oak Brook, IL 60523
Phone: 1-630-368-3730 - Fax: 1-630-571-2198**