



Name in Full: \_\_\_\_\_ Degree: \_\_\_\_\_

Dept/Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Birth (mm/dd/yy): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ 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 A<sup>3</sup>CR<sup>2</sup>. Please submit A<sup>3</sup>CR<sup>2</sup> fee and AUR membership dues payment with application. If you are unsure of your AUR membership status, contact the AUR Office.**

\_\_\_\_\_ Full Year Membership \$135  
 July 1, 2020 through June 30, 2021  
 (AUR Dues \$60 and A<sup>3</sup>CR<sup>2</sup> Fee \$75)

\_\_\_\_\_ Partial Year Membership \$105\*  
 January 1, 2021 through June 30, 2021  
 (AUR Dues \$30 and A<sup>3</sup>CR<sup>2</sup> Fee \$75)

\_\_\_\_\_ I am currently a chief resident.

\*New Members Only

\_\_\_\_\_ I am a former chief resident.

Signature: I, the undersigned, submit this application form for consideration by the AUR Membership Committee and recommend the candidate for participation in the AUR and A<sup>3</sup>CR<sup>2</sup>.

\_\_\_\_\_  
 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 # \_\_\_\_\_ 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, Suite 200  
 Oak Brook, IL 60523

Phone: 1-630-368-3730 Fax: 1-630-571-2198