



2020 – 2021 Affinity Group Fee Payment Form
(You must be an AUR member to join an AUR Affinity Group)

I would like to join **ACER**. I am interested in career advancement for clinician-educators.
(\$75 ACER Fee)

I would like to join **AMSER**. I serve as the director of a Medical Student Radiology course or clerkship, or am involved in medical student education. (\$75 AMSER Fee)

I would like to join **AMSER**. I am a non-physician coordinator of a Medical Student Radiology course or clerkship. (\$20 AMSER Fee)

I would like to join **RAHSR**. I am interested in health services research. (\$50 RAHSR Fee)

I would like to join **RRA**. My role is research related to radiology or the radiologic sciences.
(\$50 RRA Fee)

If you are a resident or fellow and want to join one of the above affinity groups contact the AUR Office at aur@rsna.org.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Payment Type: _____ Check*: _____ (In US funds drawn on a US Bank. Make payable to the **Association of University Radiologists**)

**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*

Credit Card (MasterCard or Visa) _____ Expiration Date: _____
CVV: _____

Please return completed form to:
AUR, 820 Jorie Blvd, Suite 200, Oak Brook, IL 60523
Or Fax to: 1-630-571-2198