



## Association of University Radiologists

As a member you have a unique opportunity to have a greater impact on our industry. Special Interest Groups give you the ability to have your voice heard and influence policy. Contributions provide resources to support and grow our mission. Please indicate your interest in AUR Affinity Group participation by checking the boxes below.

**Please submit your Affinity Group fee(s) with your dues payment.**

### OPTIONAL ITEMS. I would like to join:

- \$75 Fee - ACER: Alliance of Clinician-Educators in Radiology**  
Members interested in career advancement as a clinician-educator.
- \$75 Fee - AMSER: Alliance of Medical Student Educators in Radiology**
- \$20 Fee for Medical Student Curriculum Coordinators**  
Members who are directors of medical student radiology education programs or members who play a significant role in the radiology education of medical students.
- \$50 Fee - RAHSR: Radiology Alliance for Health Services Research**  
Members who are involved in health services research.
- \$50 Fee - RRA: Radiology Research Alliance**  
Members who serve as research directors or members who play a significant role in fostering radiology research for their departments.

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### Membership Dues must accompany application when submitted.

I am applying for a membership that runs the academic year, beginning July 1, 2020 and ending June 30, 2021.

### \$99\* – Membership Dues

After January 1, 2021, brand new members may apply for a half year membership that ends June 30, 2021 with membership dues of \$49.50\*. Former AUR members do not qualify for half year membership.

(\$60 for full year / \$30 for half year is applied toward a subscription to the official journal of the AUR, *Academic Radiology*.)

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

**I would like to donate to the AUR R&E Foundation:**  \$25  **\$50 (suggested)**  \$100  \$150  \$\_\_\_\_\_

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](mailto: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**