



Association of University Radiologists
2020-2021 Full Membership Application and Biographical Data Form

_____	_____	_____	_____
First Name	Middle	Last Name (Family Name)	Generation (Sr., III)

Address Type: Office Home

_____	_____
Degrees	Birth (Month/Day/Year)

 Institution Name/Department

 Address

_____	_____	_____	_____
City	State or Province	Zip/Postal Code	Country

_____	_____
Main Phone	E-mail Address

_____	_____
Medical School:	Graduation Year

_____	_____
Postgraduate:	Year(s)
<i>Institution</i>	

_____	_____
Training:	Year(s)
<i>Institution</i>	

_____	_____
<i>Institution</i>	Year(s)

Position Title:

<input type="checkbox"/> Dean	<input type="checkbox"/> Program Director	<input type="checkbox"/> Associate Professor	<input type="checkbox"/> Other
<input type="checkbox"/> Chair	<input type="checkbox"/> Assistant/Associate Program Director	<input type="checkbox"/> Assistant Professor	
<input type="checkbox"/> Vice Chair	<input type="checkbox"/> Professor	<input type="checkbox"/> Instructor	

Clinical Subspecialty (Please choose your primary):

- | | | | |
|-----------|-------------------|-----------------------|----------------|
| Abdominal | Chest | Musculoskeletal | Pediatric |
| Breast | Emergency | Neuroradiology | Vascular |
| Cardiac | Molecular Imaging | Obstetric/Gynecologic | Not Applicable |

Application for Membership Instructions

1. All radiology faculty of an accredited medical school or of an institution with an ACGME-accredited radiology residency or fellowship program, whether or not it is university based, and faculty in programs applicable to or related to the radiologic sciences are eligible for membership.
2. The applicant should have a role in the teaching of medical students, residents, fellows, or other physicians or health care professionals, in patient care related to teaching activities, in research or in attendant administrative duties
3. Applicants who are interested in participating in one of the AUR Affinity Groups should be actively involved in the endeavor for which the Affinity Group is organized.
4. Please read the following and mark an "x" in the box to agree:
 - 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.

Re-application by Former Members:
 Please fill out a new application form. Former AUR members do not qualify for half year membership.

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 – A3CR2: American Alliance of Academic Chief Residents in Radiology**
Members who are former chief residents who are interested in enhanced networking and mentoring opportunities.
- \$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**
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.

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.

\$365* – Membership Dues

After January 1, 2021, new members may apply for a half year membership that ends June 30, 2021 with membership dues of \$182.50*. 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: \$50 \$100 (suggested) \$150 \$200 \$_____

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

<p>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</p>
