



Association of University Radiologists
2020-2021 Junior 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

Internship: _____

Institution _____

Years

Residency: _____

Institution _____

Years – include completion date

Fellowship: _____

Institution _____

Years – 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.

Signature of Department Chair or Program Director

(Name-typed)

OPTIONAL: 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.

- \$75 Fee - A3CR2: American Alliance of Academic Chief Residents**
 Chief resident members who are interested in enhanced learning and networking opportunities. **AUR verification form required*
- No Fee - ACER: Alliance of Clinician-Educators in Radiology**
 Members interested in career advancement as a clinician-educator.
- No 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.
- No Fee - RAHSR: Radiology Alliance for Health Services Research**
 Members who are involved in health services research.
- No 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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Association of University Radiologists

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.

\$60 – Membership Dues

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

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

I would like to donate to the AUR R&E Foundation: \$10 \$25 (suggested) \$50 \$100 \$_____

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, Suite 200 - Oak Brook, IL 60523

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