



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

First Name	Middle	Last Name (Family Name)	Generation (Sr., III)
		Degrees	Birth (Month/Day/Year)
Address			
City	State or Province	Zip/Postal Code	Country
Main Phone	E-mail Address		

Please complete:

Medical School: _____
Institution *Graduation Year*

Internship: _____
Institution *Anticipated Dates*

Medical Students will retain their student status until the conclusion of their internship. At that time, student members will be eligible for junior membership, according to the Bylaws of the AUR.

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 Medical Student Radiology Clerkship/Elective Director (Name-typed)

At this time AUR has an organized Affinity Group for members who are directors of medical student radiology education programs or members who play a significant role in the radiology education of medical students (Alliance of Medical Student Educators in Radiology – AMSER). **Student members automatically have AMSER membership without an additional payment.**

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