American Alliance of Academic Chief Residents in Radiology (A^3CR^2)
2019-2020 Membership Application and Biographical Data Form

American Alliance of Academic Chief Residents in Radiology · A^3CR^2

Name in Full: _____ **Degree:** _____

Dept/Institution: _____

Address: _____ **Birth (mm/dd/yy):** _____

City, State, Zip: _____

Office Phone: _____ **E-mail Address:** _____

PREFERRED ADDRESS FOR CORRESPONDENCE AND JOURNAL *(if different from above)*:

Address: _____ City, State, Zip: _____

Please complete: Medical School: _____ _____
(Place) *(Graduation Year)*

Internship: _____ _____
(Place) *(Dates)*

Residency: _____ _____
(Place) *(Dates- include completion date)*

Membership in the AUR is required in order to participate in A^3CR^2. Please submit A^3CR^2 fee and AUR membership dues payment with application. If you are unsure of your AUR membership status, contact the AUR Office.

_____ Full Year Membership $135
July 1, 2019 through June 30, 2020
(AUR Dues $60 and A^3CR^2 Fee $75)

_____ Partial Year Membership $105*
January 1, 2020 through June 30, 2020
(AUR Dues $30 and A^3CR^2 Fee $75)

_____ I am currently a chief resident.

*New Members Only

_____ I am a former chief resident.

Signature: I, the undersigned, submit this application form for consideration by the AUR Membership Committee and recommend the candidate for participation in the AUR and A^3CR^2.

_____ _____
Signature of Program Director (for resident/fellow applicants) (Name-typed)

☐ Check payable to AUR (US funds, drawn on a US bank) 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 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

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