

North Carolina Society of Radiologic Technologists, Inc. AN AFFILIATE OF THE ASRT

Application for Membership

Date of Application:	***Dues Schedule on back of Application Form*** NCSRT, Inc. #	
Last Name:	Date of Application:	
Home Phone:	Would you prefer to receive the newsletter by e-mail or postal mail (check one): Postal _	E-M
Mailing Address: City:State:County:Zip:	Last Name: First Name: MI:	
City: State: County: Zip:	Home Phone:Mobile Phone:	
Email Address: Employer (If student, name of school & program director): Primary Modality (Radiography, Radiation Therapy, CT, etc.): Education Level (AAS, BSRT, etc.): Credentials: NCSRT, Inc. Membership Status: Commercial Inactive Have you ever attended an NCSRT, Inc. meeting? Yes No To verify your status we need your current ARRT or Other Registry # (attach to application if other than ARRT): Organization: # Graduation Date from Radiologic Technology Program: Are you interested in volunteering or serving on a NCSRT, Inc. Committee? Yes No If yes, please specify: Membership dues amount (See dues scale on back of application form): \$ 5.00 Application Fee (only for non-current and first time applicants): I wish to make a Donation to the Jane Cox Hendrix Scholarship Fund: I wish to make a Donation to the NCSRT, Inc.: * ** Total Payment: METHOD OF PAYMENT Make check or money order payable to NCSRT, Inc. #	Mailing Address:	
Employer (If student, name of school & program director):	City:	
Primary Modality (Radiography, Radiation Therapy, CT, etc.): Education Level (AAS, BSRT, etc.): Credentials: NCSRT, Inc. Membership Status:Active	Email Address:	
Education Level (AAS, BSRT, etc.):	Employer (If student, name of school & program director):	
NCSRT, Inc. Membership Status:Active Retired Advanced Student Student Supporting Commercial Inactive Have you ever attended an NCSRT, Inc. meeting? Yes No To verify your status we need your current ARRT or Other Registry # (attach to application if other than ARRT): Organization: # Graduation Date from Radiologic Technology Program: Are you interested in volunteering or serving on a NCSRT, Inc. Committee? Yes No If yes, please specify: Membership dues amount (See dues scale on back of application form): \$ S5.00 Application Fee (only for non-current and first time applicants): \$ I wish to make a Donation to the Jane Cox Hendrix Scholarship Fund: \$ I wish to make a Donation to the NCSRT, Inc.: \$ METHOD OF PAYMENT MasterCard (Please do not send cash.)	Primary Modality (Radiography, Radiation Therapy, CT, etc.):	
Commercial Inactive	Education Level (AAS, BSRT, etc.):Credentials:	
Have you ever attended an NCSRT, Inc. meeting? Yes No To verify your status we need your current ARRT or Other Registry # (attach to application if other than ARRT): Organization: #	NCSRT, Inc. Membership Status:Active _ Retired _ Advanced Student _ Student _ Supporting	
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☐ Make check or money order payable to NCSRT, Inc. #Visa ☐ MasterCard (Please do not send cash.)	Total Payment: \$	
Credit Card #:Exp. Date:CVV #:)
	Credit Card #: Exp. Date: CVV #:	
Please include name & address if different from application:	Please include name & address if different from application:	

Signature (as appears on card)

Return application, **copy of ARRT card** (if applicable) and your checkor credit card information to the Central Office. All contributions to the Jane Cox Hendrix Scholarship Foundation or the NCSRT, Inc. are tax deductible. Dues payments are deductible by members as an ordinary and necessary business expense.



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Membership Status	Dues	Duration of Membership
Active	\$40.00	1 Year
Inactive	\$35.00	1 Year
Supporting	\$40.00	1 Year
Commercial	\$40.00	1 Year
Retired	\$20.00	1 Year
Student (Enrolled in Radiography or Radiation Therapy program)	\$25.00	1 Year
Advanced Student (ARRT and enrolled in an advanced imaging program)	\$25.00	1 Year