



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

**2012 Application for Membership Renewal**

\*\*\*Dues Schedule on back of Application Form\*\*\*

Date of Application: \_\_\_\_\_ Date of Birth: (required) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Employer (If student, name of school or program): \_\_\_\_\_

Modality (Radiography, Radiation Therapy, NC, CT, etc.): \_\_\_\_\_

Education Level (AAS, BSRT, etc.): \_\_\_\_\_

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 serving on a NCSRT, Inc. Committee?  Yes  No

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.  Visa  MasterCard

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

\_\_\_\_\_  
Signature (as appears on card)

Return application, **copy** of ARRT card (if applicable) and your check or 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 year is from January 1-December 31 annually.**

**Annual Membership Dues**

Membership Status	Dues	Duration of Membership
<b>Active</b>	\$30.00 <i>(If renewed between January 1-June 30)</i>	January 1-December 31 of Renewal year
	\$45.00 <i>(If renewed between July 1-December 31)</i>	Date of Renewal through December 31 of following year
<b>Supporting</b>	\$30.00 <i>(If renewed/applied between January 1-June 30)</i>	January 1-December 31 of Renewal/Application year
	\$45.00 <i>(If renewed/applied between July 1-December 31)</i>	Date of Renewal/Application through December 31 of following year
<b>Commercial</b>	\$30.00 <i>(If renewed/applied between January 1-June 30)</i>	January 1-December 31 of Renewal/Application year
	\$45.00 <i>(If renewed/applied between July 1-December 31)</i>	Date of Renewal/Application through December 31 of following year
<b>Retired</b>	\$10.00 <i>(If renewed/applied between January 1-June 30)</i>	January 1-December 31 of Renewal/Application year
	\$15.00 <i>(If renewed/applied between July 1-December 31)</i>	Date of Renewal/Application through December 31 of following year
<b>Student</b> (Enrolled in Radiography or Radiation Therapy program)	<b>\$15.00/1 Year</b>	January 1-December 31 of Renewal/Application year
<b>Advanced Student</b> (ARRT and enrolled in an advanced imaging program)	<b>\$15.00</b>	January 1-December 31 of Renewal/Application year

*\*\*Please note that any applications submitted between June 30 and December 31 of a given year will be at the 1 ½ year rate. \*\**