



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

Application for Membership Renewal is due annually in January

Dues Schedule on back of Application Form

Date of Application: _____ Date of Birth: _____

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: A copy of your current ARRT or Other Registry Card (attach to application)

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: \$ _____

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
Active	\$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
Supporting	\$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
Commercial	\$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
Retired	\$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
Student <small>(Enrolled in Radiography or Radiation Therapy program)</small>	\$15.00/1 Year	January 1-December 31 of Renewal/Application year
	\$25.00/2Year	January 1 of Renewal/Application year - December 31 of following year
Advanced Student <small>(ARRT and enrolled in an advanced imaging program)</small>	\$15.00	January 1-December 31 of Renewal/Application year