North Carolina Society of Radiologic Technologists, Inc.

AN AFFILIATE OF THE ASRT

ANNUAL RENEWAL FORM
DUE BY JANUARY 31st FOR ALL MEMBERS

IF YOU HAVE ALLOWED YOUR MEMBERSHIP TO LAPSE DO NOT FILL OUT THIS FORM.

Fill out the Renewal Form using the Dues Schedule List below to determine your fee.. Please note that **reinstatement requires the membership fee plus the $5.00 application fee**. **(THIS IS A RENEWAL FORM, NOT AN APPLICATION FORM FOR MEMBERSHIP.)** Please call the number below if you have any questions.

PLEASE PRINT CLEARLY Date of application: _____

Last Name: _____ First Name: _____ MI: _____

E-Mail Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ Business Phone: _____

Employer (If Student list name of school or program) _____

If Student/Advanced Student, Program Director Signature: _____

Modality (Radiography, NM, CT, etc.) _____

Education Level (AAS, BSRT, etc.) _____

Local Society Memberships: _____

NCSRT Membership Status: θActive θStudent θAdvanced Student

θSupporting θCommercial θInactive ❑Retired

ATTACH A COPY OF ARRT CARD OR OTHER REGISTRY CARD TO VERIFY STATUS FOR ACTIVE, INACTIVE, RETIRED, AND ADVANCED STUDENT. *We must have completed application, check and status verification to process your application.*

Graduation date from Radiologic Technology Program: _____ Signature: _____

Are you interested in serving on a NCSRT Committee? θ Yes θ No

DUES SCHEDULE

ACTIVE MEMBER (ARRT)- $30.00 **INACTIVE MEMBER-$25.00**

STUDENT MEMBER (enrolled in a radiologic technology program)-$15.00

ADVANCED STUDENT MEMBER (ARRT and enrolled in an advanced program)-$15.00

RETIRED MEMBER-$10.00 **SUPPORTING MEMBER-$30.00** **COMMERCIAL MEMBER-$30.00**

RENEWAL FEE **AMOUNT** _____

I WISH TO MAKE A DONATION TO THE JANE COX HENDRIX SCHOLARSHIP FOUNDATION

AMOUNT _____

TOTAL PAYMENT ENCLOSED _____

FOR VISA OR MASTER CARD FILL OUT THE SECTION BELOW

VISA θ MASTER CARD θ Credit Card # _____

CVV2 Number (last 3 numbers on back of card): _____ Expiration Date: _____

Name as it appears on card:_____

Signature (Required for Processing)

_____

Return application, copy of ARRT card (if applicable) and check or credit card information with (Name as it appears on card, Card Number, Exp. Date for Visa or Master Card only)

NCSRT, 605 POOLE DR., GARNER, NC 27529 (PHONE) 919- 779-5539 (FAX) 919-779-5642
E-Mail lshaw@mgmt4u.com

Contributions or gifts to NCSRT are not deductible as contributions for federal income tax purposes. Dues payments are deductible by members as an ordinary and necessary business expense.

Revised 11/2005