

THE AMERICAN SOCIETY OF EMERGENCY RADIOLOGY

4550 Post Oak Place, Suite 342 Houston, TX 77027 • P: 713- 965-0566 • F: 713-960-0488 • E: aser@meetingmanagers.com

MEMBERSHIP APPLICATION

(Dues Year: January 1 – December 31)

Please print or type

First Name: _____ Middle Initial: _____ Last Name: _____

Degree: _____ Gender: Male ___ Female ___

I prefer my journals and correspondences to be sent to: Home ___ Office ___

Home
Address: _____

Office
Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

E-mail: _____

E-mail: _____

Medical School(s) Attended (if applicable): _____

(Use additional sheet if necessary)

Dates: From: _____ To: _____

Radiology/Non-Radiology Residency (if applicable): _____

Dates: From: _____ To: _____

Radiology/Non-Radiology Fellowship (if applicable): _____

Type of Fellowship: _____

Dates: From: _____ To: _____

Board Certified by: _____ **Date:** _____

(if available, enclose a copy of the certificate with the application)

Type Practice: ___ Academic ___ Private ___ Resident ___ Government ___ Military

ER Practice: ___ Trauma I ___ Trauma II ___ Trauma III ___ Nighthawk/Teleradiology ___ Other

How much of your time is allocated to practicing emergency radiology/teleradiology: _____%

Society Affiliations: ___ACR ___RSNA ___ARRS ___AUR ___ASTRO ___AMA ___Other: _____

Please check member category for which you are applying:

___ Active* (\$275/yr) ___** Active/Full-Time Training Duty US Military (\$140/yr):
___Army ___Air Force ___Navy ___USMC ___Coast Guard ___Reserve/National Guard

___ Associate* (\$275/yr) ___**Active/Full-Time Training Duty US Military (\$140/yr):
___Army ___Air Force ___Navy ___USMC ___Coast Guard ___Reserve/National Guard

Member-in-Training (Online Version of the *Journal* & Membership FREE!): Medical Student: ___

PGY1: ___ PGY2: ___ PGY3: ___ PGY4: ___ PGY5: ___ Fellow: ___ Other (Please Specify): ___

___ Member-in-Training-Printed Journal (\$55/yr)

Signature: _____ Date: _____

*** Membership dues and curriculum vitae must accompany the application when submitted. Attach check or complete credit card information. E-mail curriculum vitae to aser@meetingmanagers.com.**
****Active/Full-Time Training duty US Military applicants must also submit a copy of their government ID.**

___ Check (payable to ASER) ___ MasterCard ___ VISA ___ American Express

Credit Card Number: _____

Expiration: _____ Security Code (3-4 Digits) _____

Name on Card: _____ Signature: _____

Mail to: ASER, 4550 Post Oak Place, Suite 342 Houston, TX 77027, Fax to 713-960-0488,
or E-mail aser@meetingmanagers.com for electronic application.

APPLICATION FOR MEMBERSHIP

Those who qualify for membership and who are interested in promoting the goals of the American Society of Emergency Radiology (ASER) are invited to complete the application form. New applications are reviewed and endorsed by the Membership Committee and then reviewed by the Executive Committee. Successful applicants are notified by the Society of acceptance. If your application is not approved for membership, the first year's membership dues will be refunded.

QUALIFICATIONS FOR MEMBERSHIP

ACTIVE: Shall be a practicing radiologist with an interest in Emergency Radiology who has completed an approved residency program in radiology and whose credentials are acceptable to the Membership Committee. Active members shall be entitled to vote, to hold elective and appointed office, and to serve on all committees. Members shall pay full dues, which include a subscription to *Emergency Radiology*, the Society's official journal. Dues are currently \$275 per year.

ASSOCIATE: Shall be scientists, imaging technologists, physician assistants in radiology, practice assistants in radiology, or non-radiological physicians with an interest in Emergency Radiology whose credentials are acceptable to the Membership Committee. Associate members have the right to be

appointed to committees, but shall not have the right to hold elective office or be a member of the Executive Committee. Associate members shall pay full society dues (\$275), which include a subscription to *Emergency Radiology*, the Society's official journal.

MEMBER-IN-TRAINING: Physicians in training in the field of Radiology (Residents, Fellows, or medical students) who have an interest in Emergency Radiology. Members-in-training shall be entitled to all the privileges of Active members except they shall not be entitled to vote or hold office. They may serve on committees of the Society. Dues for members-in-training are free and include online access to *Emergency Radiology*, the Society's official journal. The printed journal is optional for members-in-training at a cost of \$55.

SOCIETY GOALS

The ASER was established in 1988 for the following purposes, as stated in the Society Bylaws:

- To advance and improve the radiologic aspects of emergent patient care.
- To establish Emergency Radiology as an area of special interest in the field of diagnostic imaging including sequencing, prioritization, and management of the delivery of imaging services.
- To develop educational curricula in Emergency Radiology for both medical students and residents.
- To provide through an annual scientific meeting, a mechanism for presentation of scientific information on various aspects of Emergency Radiology and continuing education.

To review a complete list of the Society's goals, please visit the ASER Web site, www.erad.org.