

# The Eastern Neuroradiological Society

2210 Midwest Road, Suite 207, Oak Brook, IL 60523-8205

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## MEMBERSHIP APPLICATION

To register for the ENRS Annual Meeting at the reduced member rate, a completed application and required documents must be received at least 6 weeks prior to the start of the Annual Meeting. Check our website for the meeting date, and additional information ([www.enrs.org](http://www.enrs.org)).

*Please read the following information carefully before completing this application.*

Current member of ASNR or any of the following ASNR-managed specialty societies ... indicate your membership in the following society(ies) with an "X", check the appropriate membership category, and follow the directions:

\_\_\_ ASNR \_\_\_ ASFNR \_\_\_ ASHNR \_\_\_ ASPNR \_\_\_ ASSR

- Senior** ... complete **Numbers 1, 3 and 6** (provide a copy of your Radiology Board or Subspecialty Certification in Neuroradiology certificate (formerly the CAQ), and include prorated dues.
- Associate** ... complete **Numbers 1 and 6**, and include prorated dues.
- Corresponding** ... complete **Numbers 1, 3, and 6**, and include prorated dues
- Member-in-Training** ... complete **Numbers 1 and 6**.

**OR**

Not a member of ASNR or any of the listed ASNR-managed specialty societies (above) ... check the appropriate membership category, and follow the directions:

- Senior** ... complete **Numbers 1 through 6**, (provide a copy of your Radiology Board or Subspecialty Certification in Neuroradiology certificate (formerly the CAQ), and include prorated dues.
- Associate** ... complete **Numbers 1, 5, 6, and applicable sections in between**, and include prorated dues.
- Corresponding** ... complete **Numbers 1, 3, 6 and applicable sections in between**, and include prorated dues.
- Member-in-Training** ... complete **Numbers 1, 2, 4, 5 (Program Director should serve as the sponsor), and 6**.

*(Please print legibly or type)*

1. **Name:** \_\_\_\_\_  
(First Name, Middle Initial, Last Name, Degree)

List *both* home and office addresses:

**Home** \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
E-Mail \_\_\_\_\_

**(E-mail is required – print legibly)**

**Institution** \_\_\_\_\_  
Department \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
FAX ( ) \_\_\_\_\_

**Present position** e.g., staff neuroradiologist/head and neck radiologist, private practice neuroradiologist/head and neck radiologist, other): \_\_\_\_\_

2. **Residency training in Diagnostic Radiology/Radiology:** Started \_\_\_/\_\_\_/\_\_\_ Completed \_\_\_/\_\_\_/\_\_\_  
Institution \_\_\_\_\_  
Residency Program Director's Name \_\_\_\_\_

(continued)

3. Certification by American Board of Radiology (ABR) or its equivalent (*Senior* applicants include a copy):

Board \_\_\_\_\_ Date \_\_\_\_\_

4. Neuroradiology/Head and Neck training: From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Institution \_\_\_\_\_

Training Director's Name \_\_\_\_\_

5. Name and signature of ENRS *Senior* member Sponsor (**not required for members of ASNR, ASFNR, ASHNR, ASPNR, or ASSR**):

Print Sponsor's Name \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

6. All applicants must sign the application, and provide prorated membership dues, as indicated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prorated dues ( <i>to the right</i> ) include application fees		1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
<i>Senior</i>	\$125 + \$25 application fee	\$150	\$119	\$88	\$150
<i>Associate</i>	\$125 + \$25 application fee	\$150	\$119	\$88	\$150
<i>Corresponding</i>	\$125 + \$25 application fee	\$150	\$119	\$88	\$150

\*When dues are paid during the 4<sup>th</sup> Quarter, membership is valid through the following calendar year.

### Important!!

**Applicants must include a completed application and prorated dues, including the application fee.**

**Applicants who are not members of ASNR, ASFNR, ASHNR, ASPNR, or ASSR must include all of the following:**

- ◆ Completed Application
- ◆ Sponsor name and signature from one ENRS *Senior* member in good standing
- ◆ Current Curriculum Vitae
- ◆ Copy of Radiology Board or Subspecialty Certification in Neuroradiology certificate (formerly the CAQ) (**applicants for *Senior* status only**)
- ◆ Prorated dues and application fee (non-U.S. residents must use the *Credit Card Authorization Form*)



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## Credit Card Authorization Form

Please print all information below, and submit this form with your membership application. U.S. applicants may elect to pay by either check (made payable to the ENRS) or credit card, using this form. **All non-U.S. applicants are required to pay their prorated membership dues and application fee by credit card using this form.** Payment must accompany the application.

**Please legibly print or type the information below:**

Applicant's Name: \_\_\_\_\_  
 Name of Institution/Affiliation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Country (if other than U.S.): \_\_\_\_\_

**Billing address, if different from above:** Check one  Home  Institution  Business Office

Name of Institution/Affiliation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Country (if other than U.S.): \_\_\_\_\_

Indicate amount of *prorated* membership dues and application fee you are paying: \_\_\_\_\_

Prorated dues ( <i>to the right</i> ) include application fees		1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr. *
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\*When dues are paid during the 4<sup>th</sup> Quarter, membership is valid through the following calendar year.

Credit Card (check one):  American Express  MasterCard  Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_

**If paying by credit card, this form must be included with your membership application.**