

# 2016–2017 Membership Application/Renewal

## ACTIVE MEMBERS

Please complete the information below.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

## NEW MEMBERS

Please complete the information below.

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Mailing Address:  Home  Business

Diplomate of the American Board of Radiology:  Yes  No If no, are you eligible?  Yes  No

I hereby apply for ACTIVE membership in the New England Roentgen Ray Society, Inc. If elected, I will abide by its constitution, bylaws, and code of ethics.

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

Each applicant must be sponsored by an active member of the Society. The sponsor must sign this application personally.

Sponsor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ State: \_\_\_\_\_

## DUES CATEGORIES:

Active (\$100.00): A candidate for active membership must be a physician or scientist active in radiology or an allied field. Physicians must be diplomates of the American Board of Radiology (ABR) or be eligible to be examined by the ABR.

Active Outside of New England (\$25.00)

Senior (No Dues)

Please remit the amount due on your membership by **October 2, 2016**.

Please make your check payable to:

**NERRS**  
**P. O. Box 549132, Waltham, MA 02454-9132**  
**Attention: Ginny DuLong**

Phone: (781) 434-7313, Fax: (781) 464-4896, Email: vdulong@mms.org

**To pay online, please visit our website at [NERRS.org](http://NERRS.org); click on Membership and Dues, and follow the instructions.**



## Breast Imaging Registration

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

## FEES:

\$225 Members  \$350.00 Non-Members  \$100 Residents/Fellows  \$125 Technologists

Registration fee (includes lunch and refreshments) must be submitted with registration form.

Please make checks payable to:

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