

UTAH SOCIETY OF RADIOLOGIC TECHNOLOGISTS APPLICATION FOR MEMBERSHIP

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone:(Home) _____ (Work) _____ (Ext) _____
E-mail _____ Last 4 digits of SS # _____
(this is required for educational tracking purposes for both the USRT & ASRT)

Enrollment in USRT and one (1) secondary charge is included in the membership fee:
Please indicate the secondary chapter by marking below. Additional chapter
(3 or more) are \$5.00 each.

RTSU USNMT USMT UDMS ARRT # _____ Fee \$35.00

ASSOCIATE: Licensed Practical Technician # _____ Fee \$35.00

SUPPORTIVE: (Honorary, or Commercial) _____ Fee \$35.00

STUDENT: School _____ 1st Year _____ 2nd Year _____ Complimentary

PAYMENT METHOD: CHECK VISA MASTER CARD AMERICAN EXPRESS

CARD # _____ (please print CLEARLY) Exp Date _____

I hereby make application for membership in the Utah Society of Radiologic Technologist and agree to support the bylaws of the Society and my chosen profession. I understand I shall be entitled to the rights and privileges of membership according to my classification in the bylaws.

Signature of Applicant _____ Date _____

For Membership Services use only.

Date Received _____

Amount _____ Check Currency _____

Date of Renewal _____

USRT# _____ Date Card Sent _____

Send Application & Fee To:
USRT
P.O. Box 572468
MURRAY, Ut. 84157-2468