



Washington Society of Radiologic Technologists

Membership RENEWAL

Mail application and fees to: WSRT *12609 NW 20th Ave*Vancouver WA 98685
1-800-953-0232 wsrt.office@gmail.com www.wsrt.com

This form is intended for those who already have a WSRT Membership Number and need to renew or change that membership. If you would like to become a member of WSRT for the first time, please use the Application for Membership Form or JOIN ONLINE at wsrt.com.

NAME: _____
last first MI

MAILING ADDRESS: _____
street city zip

HOME PH: _____ WORK PH: _____ EMAIL: _____

EXISTING WSRT MEMBER #: _____ ARRT REGISTRATION #: _____

PRESENT EMPLOYER NAME/ADDRESS: _____

PRESENT EMPLOYER PHONE: _____

MEMBERSHIP DUES MUST ACCOMPANY THIS RENEWAL

PLEASE INDICATE YOUR SELECTION BELOW:

_____ **VOTING MEMBER: 1 year dues \$45, 2 years dues \$85, 3 years dues \$120**

Voting members are those technologists who hold certification and are in good standing with the ARRT whether employed or unemployed.

_____ **ASSOCIATE MEMBER: 1 year dues \$45, 2 years dues \$85, 3 years dues \$120**

Associate members are those persons who are interested in promoting the purpose and functions of the society, but are not eligible for voting or student membership. They shall have all the privileges and obligations of voting members except the right to vote or hold office.

_____ **RETIRED MEMBER: 1 year dues \$22.50**

Retired members are those persons who meet the ARRT and/or equivalent retirement status and do not qualify for emeritus status. They shall receive official WSRT publications only. They shall not vote, hold office, or serve as a delegate.

_____ **STUDENT MEMBER: 1 year dues \$15**

Program name: _____ Anticipated date of graduation: ___/___/___

Program Director: _____ Program Director's email: _____ Program Director's phone: () -

Student members are those students enrolled in programs recognized by the ARRT as meeting accreditation standards. Eligibility of this category shall terminate six (6) months following graduation or discontinuation of training. Student members shall have all the privileges and obligations of voting members, except the right to hold office. Student members who have completed their training may transfer to VOTING or NONVOTING status (based on eligibility) by remitting the difference in dues, along with a letter requesting such a transfer.

My dues in the amount of \$_____ are enclosed. I attest that the information provided for membership is true and accurate to the best of my knowledge. I understand that misrepresentation of information is cause for rejection or revocation of membership.

Applicant's Signature: _____ Date: ___/___/___

Payment Method: ___ check ___ money order ___ VISA ___ MasterCard

Card Number _____ - _____ - _____ - _____ Expiration Date: ___/___ CVV Code on back of card: _____

Cardholder's Name (please print): _____