



North Carolina Society of Radiologic Technologists, Inc.  
AN AFFILIATE OF THE ASRT

**Application for Membership**

\*\*\*Dues Schedule on back of Application Form\*\*\* NCSRT, Inc. # \_\_\_\_\_

Date of Application: \_\_\_\_\_

Would you prefer to receive the newsletter by e-mail or postal mail (check one): \_\_\_ Postal \_\_\_ E-Mail

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email** \_\_\_\_\_ **Address:** \_\_\_\_\_

Employer (If student, name of school & program director): \_\_\_\_\_

Primary Modality (Radiography, Radiation Therapy, CT, etc.): \_\_\_\_\_

Education Level (AAS, BSRT, etc.): \_\_\_\_\_ Credentials: \_\_\_\_\_

NCSRT, Inc. Membership Status:  Active  Retired  Advanced Student  Student  Supporting  
 Commercial  Inactive

Have you ever attended an NCSRT, Inc. meeting?  Yes  No

**To verify your status we need your current ARRT or Other Registry # (attach to application if other than ARRT):**

Organization: \_\_\_\_\_ # \_\_\_\_\_

Graduation Date from Radiologic Technology Program: \_\_\_\_\_

Are you interested in volunteering or serving on a NCSRT, Inc. Committee?  Yes  No If yes, please specify: \_\_\_\_\_

Membership dues amount (See dues scale on back of application form): \$ \_\_\_\_\_

\$5.00 Application Fee (only for non-current and first time applicants): \$ \_\_\_\_\_

I wish to make a Donation to the Jane Cox Hendrix Scholarship Fund: \$ \_\_\_\_\_

I wish to make a Donation to the NCSRT, Inc.: \$ \_\_\_\_\_

**Total Payment:** \$ \_\_\_\_\_

METHOD OF PAYMENT	
<input type="checkbox"/> Make check or money order payable to NCSRT, Inc. # _____	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard (Please <b>do not</b> send cash.)
Credit Card #:	Exp. Date: CVV #:
Please include name & address if different from application: _____	
Signature (as appears on card)	
<small>Return application, <b>copy of ARRT card</b> (if applicable) and your check or credit card information to the Central Office. All contributions to the Jane Cox Hendrix Scholarship Foundation or the NCSRT, Inc. are tax deductible. Dues payments are deductible by members as an ordinary and necessary business expense.</small>	



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<b>Membership Status</b>	<b>Dues</b>	<b>Duration of Membership</b>
<b>Active</b>	<b>\$40.00</b>	<b>1 Year</b>
<b>Inactive</b>	<b>\$35.00</b>	<b>1 Year</b>
<b>Supporting</b>	<b>\$40.00</b>	<b>1 Year</b>
<b>Commercial</b>	<b>\$40.00</b>	<b>1 Year</b>
<b>Retired</b>	<b>\$20.00</b>	<b>1 Year</b>
<b>Student</b> (Enrolled in Radiography or Radiation Therapy program)	<b>\$25.00</b>	<b>1 Year</b>
<b>Advanced Student (ARRT and enrolled in an advanced imaging program)</b>	<b>\$25.00</b>	<b>1 Year</b>