



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

Make check or money order payable to NCSRT, Inc. # _____ Visa MasterCard (Please **do not** send cash.)

Credit Card #: _____ Exp. Date: _____ CVV #: _____

Please include name & address if different from application: _____

Signature (as appears on card)

Return application, **copy of ARRT card** (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.



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