

APPLICATION for SCSRT MEMBERSHIP

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail Address: _____

School & anticipated graduation date (student applicant) _____

Employer: _____ Work Phone: _____

Are you a member of the American Society of Radiologic Technologists? No _____ Yes _____ *if yes, please include copy of current ASRT membership card.*

ARRT Number: _____ and/or SCRQSA Number: _____ *please include a copy of card(s).*

Additional Credentialed Modalities and/or Academic Degrees: _____

MEMBERSHIP STATUS

VOTING MEMBER:

- ❖ **ACTIVE** members shall have all privileges and obligations of membership including the **right to vote and to hold office**. Active members shall be those individuals certified by the American Registry of Radiologic Technologists (ARRT) as R.T.; as well as Diagnostic Medical Sonographers, and individuals certified by the Nuclear Medicine Certification Board. These individuals will be actively engaged in the healthcare field, i.e. direct patient care, education, or administration and maintain current membership in the *American Society of Radiologic Technologists (ASRT)*.
- ❖ **ASSOCIATE** members shall have all privileges and obligations of membership including the right to vote; however, **excluding the right to hold office**. Associate members shall be those individuals that meet all requirements of an active member except a current ASRT membership. Associate members include holders of the South Carolina Radiation Quality Standards Association (SCRQSA).
- ❖ **INACTIVE** members shall have all privileges and obligations of membership including the right to vote; however, **excluding the right to hold office**. Inactive members shall be those individuals who are no longer actively engaged in the field of radiation or imaging specialties and who applied for inactive status with the ARRT.

NON-VOTING MEMBER:

- ❖ **SUPPORTING** members shall be those individuals who are interested in promoting the purposes and functions of the SCSRT, but are not eligible for active, associate, inactive, or student membership.
- ❖ **STUDENT** members shall have all privileges and obligations of membership **excluding the right to vote or to hold office**. Student members shall be those individuals enrolled in an accredited educational program for radiography, radiation therapy, diagnostic medical sonography, or nuclear medicine technology.

Active, Associate, Inactive, or Supporting: \$35.00 (One Year) \$55.00 (Two Year)

Student: \$25.00 (membership expires at graduation – or loss of student status)

Check or money order payable to the SCSRT - include copies of ASRT, ARRT, and/or SCRQSA cards.

**Mail to:
SCSRT
PO Box 13205
Charleston, SC 29422**