



SOCIETY OF THORACIC RADIOLOGY

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MEMBERSHIP APPLICATION

Please attach the first 2 pages of your CV to this application

Return Application to: Society of Thoracic Radiology, P.O. Box 7169, Rochester, MN 55903-7169, FAX 507-288-0014

(Please PRINT or TYPE and fill in ALL information)

Name: _____
(First) (MI) (Last) (Degree)

Address: _____

Tel: (W) _____ (H) _____ Fax: _____

E-mail: _____

Medical School: _____ Year completed: _____

Residency: _____ Year completed: _____

Specialty: _____

Board Certification: Board _____ Year: _____

Fellowship: _____ Year completed: _____

Subspecialty: _____

Current Institution: _____

Percentage of time devoted to thoracic radiology: _____% Are you currently in training? _____

Are you currently in a cardiothoracic fellowship: Yes No

Please enclose a check for membership dues or provide credit card information

(Your payment will not be cashed / charged until membership is approved)

VISA, MasterCard, or Discover No. _____ **Exp. Date** _____

Membership dues include a subscription to the *Journal of Thoracic Imaging*

Dues for Senior Members / Associate Members: USA \$290 Canada \$295.25 Other countries \$294

Dues for Members-in-training: USA \$185 Canada \$190.25 Other countries \$189

Dues for Members-in-training who are cardiothoracic imaging fellows: USA, Canada & Other countries N/C

The STR office may fax me at regarding STR business. Yes No

I attest that the above information and my *Curriculum Vitae* are correct

Signature _____ Date _____

Signature of Program Director (for members-in-training) _____