



SOCIETY OF THORACIC RADIOLOGY

STR Office Use Only
___ Application complete
___ CV received
___ Check/CC info received
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___ Added to roster

MEMBERSHIP APPLICATION

Please send the first 2 pages of your CV to the e-mail address provided at the same time as application

Return Application and CV (electronically) to: Society of Thoracic Radiology

E-mail: str@thoracicrad.org

(Please PRINT 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: _____

Are you currently in a cardiothoracic fellowship? Yes No Are you currently in-training? Yes No
Date training is complete? _____

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

(Your payment will not be charged / cashed 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: \$390

Dues for Members-in-training: \$235

Dues for Members-in-training who are cardiothoracic imaging fellows: N/C

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

Be submitting this application, I attest that the above information and my *Curriculum Vitae* are correct.

For members-in-training:

Program Director Name (for members-in-training) _____

E-mail _____