



The Louisiana Society of Radiologic Technologists

MEMBERSHIP APPLICATION

FISCAL YEAR

JULY 1, _____ to JUNE 30, _____

RENEWAL OF MEMBERSHIP

NEW MEMBER

SOCIAL SECURITY NUMBER: _____ MEMBERSHIP NUMBER: _____
(Required for all new memberships) (Renewal of Membership)

NAME: _____
(Last) (First) (Middle Initial) (Maiden)

ADDRESS: _____
PO Box / Street City State Zip Code

PHONE: HOME: _____ WORK: _____ CELL: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

EMAIL ADDRESS: _____ (Required for all on line access requests)

ETHNIC HERITAGE: ASIAN AFRICAN AMERICAN CAUCASIAN HISPANIC AMERICAN INDIAN

CATEGORY OF MEMBERSHIP: (Please select only one category)

ACTIVE ARRT Certified technologist who has met the requirements for licensure in Louisiana

LIFE MEMBER EMERITUS Both are categories awarded by the Board of Directors

ASSOCIATE Any NMTCB or RDMS Technologist and any person licensed by the LSRTBE but not ARRT certified

STUDENT SCHOOL ATTENDING: _____ YEAR IN PROGRAM: _____

Signature of Program Director: _____

PLACE OF EMPLOYMENT: _____

AREA OF EMPLOYMENT: (Check all that apply)

Diagnostic Sonography Nuclear Medicine
 CT MRI Surgery / Specials
 Therapy Mammography Administration
 Education Cath Lab Sales
 Student

OTHER: _____

AFFILIATIONS (Check all that apply)

ARRT ASRT AERS
 RDMS NMTCB AHRA
 ASCP SDMS SCVIR

OTHER: _____

CURRENT FEES:

\$ 40.00 ACTIVE, ASSOCIATE, GENERAL \$ 20.00 STUDENT

METHODS OF PAYMENT: The LSRT accepts checks, money orders or cash. Although the LSRT does not accept Credit Cards, current members may renew on line at LSRT.net using PayPal. New members are not eligible for the PayPal option.

MAKE CHECKS PAYABLE TO: LSRT MAIL TO: LSRT 520 JACKSON ST DENHAM SPRINGS, LA 70726

JOE SCHWARTZ MEMORIAL SCHOLARSHIP: Checks should be made payable to: JOE SCHWARTZ MEMORIAL SCHOLARSHIP FUND

I wish to contribute to the Scholarship Fund AMOUNT OF CONTRIBUTION: _____