



The Louisiana Society of Radiologic Technologists

MEMBERSHIP APPLICATION

FISCAL YEAR

JULY 1, _____ to JUNE 30, _____

RENEWAL OF MEMBERSHIP

NEW MEMBER

(Please select one)

EMAIL ADDRESS *(print legibly)*: _____

*ARRT CERTIFICATE NUMBER _____ and/or ** LSRTBE LICENSE NUMBER _____

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

ADDRESS: _____
PO Box / Street City State Zip Code

PHONE: HOME: _____ CELL: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

ETHNIC HERITAGE: ASIAN AFRICAN AMERICAN CAUCASIAN HISPANIC AMERICAN INDIAN 2 or MORE RACES

Technologist **must provide ARRT certification number (**if you do not have one must use your LSRTBE license number) to ensure accurate tracking of CE credits.*

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: 1st 2nd *(Please select one)*

Signature of Program Director: _____
(must have for verification)

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, you can join on line at www.LSRT.net, going to My LSRT and using your MemberPlanet sign in and pay online.

MAKE CHECKS PAYABLE TO: LSRT MAIL TO: LSRT 12521 SHERBROOK DRIVE BATON ROUGE, LA 70815

Per LSRT policy, membership payments are nonrefundable.

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: _____