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MEMBERSHIP APPLICATION

F	FISCAL YEA	R		
[] RENEWAL OF MEMBERSHIP	JULY 1,		to JUNE 30,	
[] NEW MEMBER				
(Please select one)				
EMAIL ADDRESS (print legibly):				
*ARRT CERTIFICATE NUMBER	and/or **]	LSRTBE LICENS	E NUMBER	
NAME:			• • •	
(Last) (First)		(Middle In	ntial)	(Maiden)
ADDRESS: PO Box / Street				
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: [] 1 st [] 2 nd (Please select one)				
IEAR IN FROGRAMI: [] 1 [] 2 (<i>Please select one</i>)				
Signature of Program Director:				
CURRENT FEES:				
[] \$40.00 ACTIVE, ASSOCIATE, GENERAL	[]\$	20.00 STUDE	NT	
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 <u>www.LSRT.net</u> , going to My LSRT and using your MemberPlanet sign in and pay online.				
MAKE CHECKS PAYABLE TO: LSRT MAIL TO: LSRT 375 RACETRACK ROAD DRY PRONG, LA 71423				
Per LSRT policy, membership payments are nonrefundable.				
JOE SCHWARTZ MEMORIAL SCHOLARSHIP: Checks should	be made payable t	o: JOE SCHWAR	TZ MEMORIAL SCHOL	ARSHIP FUND
[] I wish to contribute to the Scholarship Fund AMOUNT OF CONTRIBUTION:				