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 or money orders. 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 375 RACETRACK ROAD DRY PRONG, LA 71423

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:** _____