

**\*Renew your application on-line at [www.wvsrt.com](http://www.wvsrt.com) or mail this form with payment\***

**THE WEST VIRGINIA SOCIETY OF RADIOLOGIC TECHNOLOGISTS  
APPLICATION FOR MEMBERSHIP**

I hereby make application for membership in the West Virginia Society of Radiologic Technologists

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Credentials: (Check all that apply):**

RT(R) \_\_\_ (M) \_\_\_ (CT) \_\_\_ (CVIT) \_\_\_ BSRT \_\_\_ BART \_\_\_ ASRT \_\_\_ Other \_\_\_

ARRT# \_\_\_\_\_ WV State License # \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applying for: First Time Membership \_\_\_\_\_ Membership Renewal \_\_\_\_\_

**Membership year runs annually from date of application**

\_\_\_\_\_ ACTIVE MEMBERSHIP: One who is a member of the ASRT. Must include copy of a current ASRT Membership Card. (Voting member)

\_\_\_\_\_ ASSOCIATE MEMBERSHIP: One who is not a member of the ASRT but is applying for WVSRT membership. (Non-voting member)

\_\_\_\_\_ SUPPORTING MEMBERSHIP: Commercial Representatives, Physicians, or inactive Radiography employment status.

\_\_\_\_\_ STUDENT MEMBERSHIP: Name of Program \_\_\_\_\_

**Membership Fees: (Circle the appropriate fee)**

Active 1 year - \$20.00

Supporting 1 year - \$30.00

Active 2 years - \$35.00

Supporting 2 years - \$55.00

Associate 1 year - \$20.00

Student 1 year - \$10.00

Associate 2 years - \$35.00

Student 2 years - \$15.00

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Make all checks payable to: "The West Virginia Society of Radiologic Technologists"**

**Return form and payment to: Lisa Knight RT(R), 116 Isaac Creek Road, Clarksburg, WV, 26301**