

Renew your application on-line at 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: _____

**Did a Facebook friend invite you to the WVSRT page? If so, list the name of the Facebook friend.

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