



**THE AMERICAN SOCIETY OF EMERGENCY RADIOLOGY**

4550 Post Oak Place, Suite 342 Houston, TX 77027 • P: 713-965-0566 • F: 713-960-0488 • E: aser@meetingmanagers.com

**MEMBERSHIP APPLICATION**

(Dues Year: January 1 – December 31)

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Degree:** \_\_\_\_\_ **Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

I prefer my journals and correspondences to be sent to: Home \_\_\_\_\_ Office \_\_\_\_\_

**Home**  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office**  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Name of Medical School(s), Start and End Dates:** \_\_\_\_\_

**Name of Internship(s), Start and End Dates:** \_\_\_\_\_

**Name of Residency(ies), Start and End Dates:** \_\_\_\_\_

**Name of Fellowship(s), Start and End Dates:** \_\_\_\_\_

**Board Certified by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If available, enclose a copy of the certificate(s) with the application)

**Type of Practice:** (check all that apply)

\_\_\_ Academic \_\_\_ Private \_\_\_ Government (e.g., VA, County Hospital, etc.): \_\_\_\_\_  
\_\_\_ Military \_\_\_ Trauma Level I \_\_\_ Trauma Level II \_\_\_ Trauma Level III \_\_\_ Nighthawk/Teleradiology  
\_\_\_\_\_ Other (Please explain)

**How much of your time is allocated to practicing emergency radiology/teleradiology:** \_\_\_\_\_%

**Society Affiliations:** \_\_\_ ACR \_\_\_ RSNA \_\_\_ ARRS \_\_\_ AUR \_\_\_ AMA \_\_\_ AMWA \_\_\_ Other: \_\_\_\_\_

**Please check category for which you are applying:**

\_\_\_ Active (\$275)      \_\_\_ Active/Full-Time Training Duty US Military (\$140/yr):  
   \_\_\_ Army \_\_\_ Air Force \_\_\_ Navy \_\_\_ USMC \_\_\_ Coast Guard \_\_\_ Reserve/National Guard

\_\_\_ Associate (\$275)      \_\_\_ Active/Full-Time Training Duty US Military (\$140/yr):  
   \_\_\_ Army \_\_\_ Air Force \_\_\_ Navy \_\_\_ USMC \_\_\_ Coast Guard \_\_\_ Reserve/National Guard

Member-in-Training (M-I-T) (Membership/online journal FREE! – *Verification of training status required*):

\_\_\_ Medical Student \_\_\_ PGY1 \_\_\_ PGY2 \_\_\_ PGY3 \_\_\_ PGY4 \_\_\_ PGY5 \_\_\_ Fellow (type) \_\_\_\_\_  
Other (Please Specify): \_\_\_\_\_ M-I-T Printed Journal Subscription (\$55/yr)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Membership dues must be enclosed with your application (attach check or complete credit card section below). Your curriculum vitae must accompany your application; please explain any gaps in employment. Training applicants must enclose a departmental letter certifying full-time enrollment and good standing status with projected training completion date.**

**The status of the Active/Full-Time Training Duty US Military applicants will be verified.**

\_\_\_ Check (payable to ASER) \_\_\_ MasterCard \_\_\_ VISA \_\_\_ American Express

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code (3-4 Digits) \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail to: ASER, 4550 Post Oak Place, Suite 342 Houston, TX 77027, Fax to 713-960-0488, or e-mail to [aser@meetingmanagers.com](mailto:aser@meetingmanagers.com).

### **APPLICATION FOR MEMBERSHIP**

Those who qualify for membership, who are interested in promoting the goals of the American Society of Emergency Radiology (ASER), are invited to apply. New applications are reviewed and approved by the Membership Committee. If your application is not approved for membership, the first year's membership dues will be refunded.

### **QUALIFICATIONS FOR MEMBERSHIP**

**ACTIVE:** Shall be a practicing radiologist with an interest in emergency radiology, who has completed an approved residency program in radiology, whose credentials are acceptable to the Membership Committee. Active members shall be entitled to vote, to hold elective and appointed office, and serve on all committees. Active members shall pay full dues, which include a subscription to *Emergency Radiology*, the Society's official journal. Dues are currently \$275 for the year. Curriculum vitae must accompany the membership application.

**ASSOCIATE:** Shall be scientists, imaging technologists, physician assistants in radiology, practice assistants in radiology, or non-radiological physicians with an interest in emergency radiology, whose credentials are acceptable to the Membership Committee. Associate members may be appointed to committees but shall not have the

right to hold elective office or be a member of the Executive Committee. Associate members shall pay full dues (\$275), which include a subscription to *Emergency Radiology*, the Society's official journal. Curriculum vitae must accompany the membership application.

**MEMBER-IN-TRAINING:** Physicians in training in the field of radiology (residents, fellows, or medical students) with an interest in emergency radiology. Members-in-Training shall be entitled to all the privileges of Active members, except they shall not be entitled to vote or hold office. They may serve on the Society's committees. Training memberships are free and include online access to *Emergency Radiology*, the Society's official journal. The printed journal is optional for training members at a cost of \$55/year. Curriculum vitae and a verification letter must accompany the membership application.

### **SOCIETY GOALS**

The ASER was established in 1988 for the following purposes:

- To advance and improve the radiologic aspects of emergent patient care.
- To establish emergency radiology as an area of special interest in the field of diagnostic imaging including sequencing, prioritization, and management of the delivery of imaging services.
- To develop educational curricula in emergency radiology for both medical students and residents.
- To provide through an annual scientific meeting, a mechanism for presentation of scientific information on various aspects of emergency radiology and continuing education.

To review a complete list of the Society's goals, please visit [www.erad.org](http://www.erad.org).