Membership Application

(Please type)

NAME_____
Last (Family Name) First Middle

DEGREE_____POSITION TITLE_____

INSTITUTION/AFFILIATION_____

PREFERRED MAILING ADDRESS:

Department_____

Street_____

City_____ State_____ Zip_____Country_____

PHONE_____ FAX_____

E-MAIL ADDRESS_____

PLEASE CHECK MEMBERSHIP CATEGORY APPLYING FOR:

*Application for Trainee Membership must include letter of verification.
**Specific Countries Only – Details on listed here.

(TYPE)	(ANNUAL DUES)
Regular	$275.00
Trainee*	$70.00
Technologist/Allied Health	$70.00
Emeritus	$70.00
Associate**	$70.00

Amount Enclosed or to be charged: $_____

Credit Card: Master Card Visa AMEX

#_____Expiration Date_____/_____/_____

_____ _____
Signature Date

PRIMARY SPECIALTY (select one only):

Cardiologist	Radiologist	Non-Physician Scientist	Nuclear Medicine
Physician (other specialty)	Technologist/ Allied Health	Non-medical	

ACTIVITIES ENGAGED IN (check all that apply):

Admin/Management	Industry	Cardiac CT	Cardiac Surgery
Cardiothoracic Radiology	Clinical Cardiology	Diagnostic CMR	Echocardiography
General Radiology	General Ultrasound	Hospital	Internal Medicine
Interventional Cardiology	Interventional CMR	Interventional Radiology	Invasive Cardiology
Invasive Radiology	Nuclear Medicine (A)	Pediatrics	PET Imaging
Private Practice	Research	Stress CMR	Teaching
University			

Return the completed application with check or credit card information to:

Society for Cardiovascular Magnetic Resonance, 19 Mantua Road, Mt. Royal, NJ 08061
PHONE: (856) 423-8955 • FAX: (856) 423-3420 • E-MAIL: hq@scmr.org

Join Online at www.scmr.org