

# KANSAS SOCIETY OF RADIOLOGIC TECHNOLOGISTS

I hereby make application for membership in the Kansas Society of Radiologic Technologists and, if accepted, I agree to support the bylaws of the Society and to promote the aims of this organization as outlined therein. **Dues must accompany this application.**

FULL NAME \_\_\_\_\_  
*First Middle Initial Last Maiden*

SS # \_\_\_\_\_ DOB \_\_\_\_\_ Email \_\_\_\_\_  
*Month Day Year*

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

- ACTIVE MEMBER:** Certified by ARRT and Member of ASRT and practicing in the field of radiologic technology.  
**COPIES OF ARRT AND ASRT CARDS MUST BE ENCLOSED.** **DUES: \$50.00/Year**
- ASSOCIATE A MEMBER:** Certified by ARRT and practicing in the field of radiologic technology.  
**COPY OF ARRT CARD MUST BE ENCLOSED.** **DUES: \$50.00/Year**
- ASSOCIATE B MEMBER:** Persons practicing in the field of radiologic technology not certified by the American Registry of Radiologic Technologists and are not registry eligible; or, those persons interested in promoting the purposes and functions of the KSRT, but are not eligible for Active, Associate A, Life, Senior or Student membership. **DUES: \$50.00/Year**
- SENIOR MEMBER:** Certified by ARRT and 65 years old or more.  
**SEND COPY OF BIRTH CERTIFICATE OR DRIVER'S LICENSE.** **DUES: \$25.00/Year**
- STUDENT MEMBER:** Enrolled in an approved school of radiography for a MINIMUM of 24 months. **DUES: \$25.00/Year**

Name of School \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ Anticipated Date of Graduation \_\_\_\_\_

## **THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS.**

PRESENT EMPLOYMENT (or School) \_\_\_\_\_

My application fee/dues in the amount of \$ \_\_\_\_\_ is enclosed. I understand my annual dues include a subscription to "THE ROTATING ANODE". This subscription is not available except through K.S.R.T. membership. I authorize investigation of all statements contained in this application. I understand that misrepresentation of facts requested is cause for rejection or revocation of membership.

Date of application \_\_\_\_\_ New applicant \_\_\_\_\_ Continuous Renewal \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**FISCAL YEAR OF THE K.S.R.T. RUNS JUNE 1 - MAY 31**

**MEMBERSHIP YEAR WILL RUN 12 MONTHS FROM DATE APPLICATION AND PAYMENT IS RECEIVED.**

Are you interested in serving on a committee, as an officer or an educational speaker for the KSRT ?  
Please indicate with YES or NO. \_\_\_\_\_ COMMITTEE \_\_\_\_\_ OFFICER \_\_\_\_\_ SPEAKER

*Would you like to receive your "Rotating Anode" electronically ?*

\_\_\_\_\_ YES Email address: \_\_\_\_\_ \_\_\_\_\_ NO please continue to mail.

I would like to contribute to the Scholarship Fund. Amount \$ \_\_\_\_\_ in addition to my annual dues.

This **DOES NOT** qualify as a charitable donation OR professional expense for tax purposes.

## **PLEASE RETURN COMPLETED FORM AND CHECK TO:**

Clifford D. Stewart Executive Secretary KSRT 205 East Third Washington, KS 66968 [KSRT.exsec@yahoo.com](mailto:KSRT.exsec@yahoo.com)  
Make checks/money orders payable to the KSRT. No partial fees accepted. Provide copies of credentials as appropriate.

**\$25.00 CHARGE FOR ALL CHECKS RETURNED FOR INSUFFICIENT FUNDS !**