

APPOINTMENT APPLICATION FOR AREA REPRESENTATIVE

NAME:

ADDRESS:

PHONE:

EMAIL:

KSRT STATUS: (check your card)

ACTIVE _____ **(ARRT, ASRT, Licensed by State of Kansas)**

SENIOR _____

LIFE _____

ASSOCIATE A _____

*If you are a Senior, Life or Associate A member currently you must also be ARRT,
Licensed by the State of Kansas and an ASRT MEMBER to serve as an Area Representative.*

Are you an ASRT MEMBER? Yes: _____ No: _____

If not are you willing to join the ASRT ? Yes _____ No: _____

Which area are you interested in representing?

EAST (roughly US Hwy 77 and east)

CENTRAL

WEST (roughly US Hwy 281 and west)

Do you have experience with the ASRT continuing education approval process and procedures? _____ YES _____ NO

Why do you want to serve as an Area Representative?

Do you have aspirations to pursue further offices in the KSRT?

Email application to Cliff Stewart, Executive Secretary, at ksrt.exsec@yahoo.com

Deadline December 31