

# UTAH SOCIETY OF RADIOLOGIC TECHNOLOGISTS APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_  
REQUIRED

Address: \_\_\_\_\_  
REQUIRED

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
REQUIRED

Telephone:(Home) \_\_\_\_\_(Work) \_\_\_\_\_(Cell) \_\_\_\_\_

E-Mail\* \_\_\_\_\_ \*Last 4 digits of your SS# \_\_\_\_\_  
REQUIRED REQUIRED

\*(This is required for educational tracking purposes for both the USRT & ASRT)

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Enrollment in USRT (Mark one of the Modalities below) (1)

RTSU  USNMT  USMT  UDMS  ARRT # \_\_\_\_\_ New Sign-up Fee \$40.00  
(existing membership renewal within 30 days of expiration) \$35.00

ASSOCIATE:  Licensed Practical Technician # \_\_\_\_\_ New Sign-up Fee \$40.00  
(Existing membership renewal within 30 days of expiration) \$35.00

SUPPORTIVE:  (Honorary, or Commercial) \_\_\_\_\_ New Sign-up Fee \$40.00  
(existing membership renewal within 30 days of expiration) \$35.00

STUDENT:  School \_\_\_\_\_ 1st Year \_\_\_\_\_ 2nd Year \_\_\_\_\_ Complimentary  
( Student membership requires proof of enrollment from institution)

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PAYMENT METHOD: CHECK  VISA  MASTER CARD  AMEX

CARD # \_\_\_\_\_ (please print CLEARLY) Exp. Date \_\_\_\_\_

I hereby make application for membership in the Utah Society of Radiologic Technologist and agree to support the bylaws of the Society and my chosen profession. I understand I shall be entitled to the rights and privileges of membership according to my classification in the bylaws.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
REQUIRED

Send Application & Fee To:  
USRT  
P.O. Box 572468  
MURRAY, Ut. 84157-2468

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