



2018-2019 APCR Membership Application

Membership in the Association of Program Coordinators in Radiology (APCR) is generated by coordinating membership status in the Association of Program Directors in Radiology (APDR). Members of the APCR may hold office and retain voting privileges with the APCR, according to the APCR Rules of Operation.

Criteria for eligibility for APDR coordinating membership will be appointment as a program coordinator in a graduate medical education program in any residency program in Diagnostic Radiology, Nuclear Medicine, or radiological subspecialty. Others who have an active role as a coordinator or an administrator in radiology education may also apply. APDR Coordinating Members shall pay dues and retain all of the rights and privileges of active APDR members, but shall not hold office, vote, or receive the official journal of the APDR *Academic Radiology*.

Name in Full _____

Appointment Administrative Assistant Administrator Coordinator
 Manager Specialist Specify type: _____

Institution _____ Department _____

Program Name (per ACGME Directory) _____

Program Number (per ACGME Directory) _____ Approved for _____ (number of) residents/fellows

Work Anniversary (mm/dd/yy) _____ Birthday (mm/dd/yy) _____

Mailing Address _____

City _____ State/Country _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Are you replacing a current APCR member? Yes No If yes, name of member _____

Would you like to be paired with an APCR mentor? Yes No

The APDR is incorporated in the state of Illinois under Section 501(c)(3) of the Internal Revenue Code of 1986 as a non-profit corporation exclusively for charitable, educational and scientific purposes.

I AGREE TO ABIDE BY THE BYLAWS OF THE ASSOCIATION OF PROGRAM DIRECTORS IN RADIOLOGY AND SUCH CHANGES AND AMENDMENTS AS MAY HEREAFTER BE PROPERLY ADOPTED.

Signature of Applicant Date _____

The above applicant is associated with the teaching program at this institution as indicated above.

Signature of Program Director Date _____
Name of Program Director (printed) _____

PLEASE NOTE: Completed applications and \$75.00 dues must be sent to the APDR at:
APDR Membership Office, 820 Jorie Boulevard, Oak Brook IL 60523
or Secure Fax: 630-571-2198

Enclosed is my check payable to the APDR (US funds drawn on a US bank) for member dues.
By sending your check to us, you authorize the APDR to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment.

Please charge my Member Dues to the following:

Master Card Visa Credit Card # _____

Expiration Date _____ #†† _____ Name as it
appears on Card _____

Signature _____