



2018-2019 Member in Training Membership Application

Name in Full: _____ Degree: _____

Department/Institution: _____

Address: _____ Birth (mm/dd/yy): _____

City, State, Zip/Postal Code: _____

Office Phone: _____ E-mail Address: _____

Please check and complete one:

Residency: _____
(Place) (Dates-include completion date)

Fellowship: _____
(Place) (Dates-include completion date)

If junior faculty, list present academic employment:

(Institution) (Rank) (Month/Year of appointment)

Note: Junior faculty are eligible for this subsidized classification of membership for the first two years of their first faculty appointment. At the end of that period, the member can apply for full membership according to the Bylaws of the APDR.

Please read the following and mark an 'X' in the box to agree:

I agree to abide by the Bylaws and Regulations of the Association of Program Directors in Radiology and such changes and amendments as may hereafter be properly adopted. A Member in Training is exempt from paying annual dues.

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

Signature of Program Director _____ Date _____

Name of Program Director (Please type or print) _____

Contact APDR at 1-630-368-3737 or APDR@rsna.org with any questions.

Please return completed application to:
APDR Membership Office, 820 Jorie Boulevard, Oak Brook, IL 60523
Secure Fax: 1-630-571-2198