



# Maine Society of Radiologic Technologists Membership



I hereby make application for membership in the Maine Society of Radiologic Technologists.  
I agree to support the Bylaws of the Society.

MEMBERSHIP FORM			
PERSONAL INFORMATION			
Name:			
Address:			
Email:			
Maine License #:			
ARRT #:			
<b>Membership Type:</b> (please check which applies)			
<input type="checkbox"/>	Licensed Technologist (\$25.00)		
<input type="checkbox"/>	Student Technologist (\$10.00)		
<b>I am registered in:</b> (please check all that apply)			
<input type="checkbox"/>	(BD) Bone Densitometry	<input type="checkbox"/>	(BS) Breast Sonography
<input type="checkbox"/>	(CI) Cardiac – Interventional	<input type="checkbox"/>	(CT) Computed Tomography
<input type="checkbox"/>	(CV) Cardiovascular- Interventional	<input type="checkbox"/>	(M) Mammography
<input type="checkbox"/>	(MR) Magnetic Resonance	<input type="checkbox"/>	(N) Nuclear Medicine
<input type="checkbox"/>	(QM) Quality Management	<input type="checkbox"/>	(R) Radiography
<input type="checkbox"/>	(S) Sonography	<input type="checkbox"/>	(T) Radiation Therapy
<input type="checkbox"/>	(VI) Vascular- Interventional	<input type="checkbox"/>	(VS) Vascular Sonography
<input type="checkbox"/>	Other		
EMPLOYMENT OR MEDICAL IMAGING PROGRAM			
Institution / Facility:			
<b>PAYMENT TOTAL</b> =			

Membership for one year runs from July 1<sup>st</sup> to June 30<sup>th</sup>

Please make check payable to: Maine Society of Radiologic Technologists

Please mail form and payment to: Vicki Olfene  
384 Center Minot Hill Rd  
Minot, ME 04258