

-ISEMIR -
THE INTERNATIONAL SOCIETY OF EXTREMITY
MRI IN RHEUMATOLOGY



MEMBERSHIP APPLICATION

Membership is valid January – December and dues are not prorated.

Check ONE Appropriate Category

- | | |
|---|---|
| <input type="checkbox"/> Regular | \$250.00 (USD) |
| <input type="checkbox"/> Resident/ Fellow Regular* | \$100.00 (USD) |
| <input type="checkbox"/> Associate | \$100.00 (USD) |
| <input type="checkbox"/> Retired | \$50.00 (USD) |
| <input type="checkbox"/> Industry Member | Please contact ISEMIR for more information. |
| <input type="checkbox"/> Corporate | Please contact ISEMIR for more information. |

(PLEASE PRINT OR TYPE)

Dr. **Mr.** **Ms.** **Other:** _____

First/Given Name: _____ **MI:** _____ **Last/Family Name:** _____

Degree: _____ **Position:** _____

Area of Specialty (Rheum., Radiology., etc): _____

**If applying for Resident/Fellow Membership, Residency/Fellowship end date (MO/YR):* _____

Institution/Firm: _____

Business Address: _____

City: _____ **State/Province:** _____ **Country:** _____

Zip/Postal Code: _____ **E-mail:** _____

Business Phone: _____ **Business Fax:** _____

(Please do not send payment until notified by membership committee).

Send your completed *application* and *Curriculum Vitae* or *Resume* to:

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USA
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