South Dakota Society of Radiologic Technologists
Membership Application

Membership Year _____ (January through December)

(Please complete entire form accurately for proper membership processing)

Name:_____

Maiden Name (if within 1 year):_____

E-mail Address:_____

Home Address:_____

City/State/Zip:_____

Home Phone:_____

Employer:_____

_____ARRT&ASRT $40 ASRT#_____ ASRT Exp. Date_____

_____ARRT Only $50

_____Non-RT $50

_____Student (circle one) 1st year 2nd year ($20- 1 year membership) ($40-2 year membership)

_____Bridge Membership $20 (Available to RTs that have graduated within the last 12 months from an accredited program)

_____Other Professional Affiliation/Society- $50 (please send proof/copy of membership)

Payment Method: Check (make checks payable to **SDSRT**)

Paypal (see www.sdsrt.org for details)

Are you a new member: Yes No

Would you like a SDSRT Certificate to be mailed to you? Yes No

Information must be complete and correct dues sent or application will be returned by mail

Send application form and payment to: Susan Choal
300 S. Byron Bld
Chamberlain, SD 57325

For more information on the SDSRT please visit your website at: www.sdsrt.org