



Please Check One Box Below

General Member
(Complete Part I)
\$230.00 per year

A general member is a physician who is certified by the American Board of Radiology, the American Osteopathic Board of Radiology or the Royal College of Physicians and Surgeons of Canada or provides evidence of training, experience and certification judged to be equivalent by the Members hip Committee. General members shall be engaged or interested in the practice of diagnostic ultrasound. General members shall be required to pay their dues in a timely fashion and then shall have full privileges of membership in the society, which include voting, serving on committees and holding elective office.

Transitional Member
(Complete Part I)
\$115.00 per year

A transitional member is an individual who has completed a radiology residency program that is accredited by the American Council of Graduate Medical Education or equivalent organization during the previous year, or who has completed such a residency program immediately followed by a post-residency fellowship program during the previous year. Transitional members shall be engaged or interested in the practice of diagnostic ultrasound. Transitional members shall be required to pay their dues in a timely fashion and then shall have full privileges of membership in the society, which include voting, serving on committees and holding elective office.

Member-In-Training
(Complete Part II)
No dues

A member-in-training must be currently enrolled in a radiology residency or post-residency fellowship program that is approved by the Radiology Residency Committee of the American Council of Graduate Medical Education or an equivalent organization. Training status must be verified by the program director. Members-in-training shall not have the privilege of voting or holding elective office. Upon completion of training, a member-in-training will be offered general membership.

Society of Radiologists in Ultrasound

APPLICATION FOR MEMBERSHIP

For SRU Office Use

Date Received _____ I.D.# _____

Name _____ Degree(s) _____
(Please print) Last First Middle Initial (MD, PhD, MB, etc...)

Primary Address (this address will be used for all mailings) Home Work

Name of Institution _____

Contact Name _____

Department _____

Street Address or Post Office Box _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail Address _____

Date of Birth* _____ Last 4 digits of Social Security Number* _____ Gender M F
(mm/dd/yyyy) (1234)

*Please note that birth date and social security numbers are used to uniquely identify you in our database.

Phone () _____ Fax () _____

I wish to opt out of being listed in the SRU Membership Directory.

Secondary Address (if different from mailing address) Home Work

Name of Institution _____

Contact Name _____

Department _____

Street Address or Post Office Box _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail Address _____

Phone () _____ Fax () _____

I. Training/Board Certification/Ultrasound Experience

A. Radiology Residency Yes No

Name of Institution _____

Specialty _____

Date of Completion/Graduated _____

B. Fellowship Yes No

Name of Institution _____

Type of Fellowship _____

Date of Completion/Graduated _____

C. Board Certification Yes No

Certification Type _____ Certifying Board _____ Date Certification _____ Certification Expiration Date _____

Certification Type _____ Certifying Board _____ Date Certification _____ Certification Expiration Date _____

Certification Type _____ Certifying Board _____ Date Certification _____ Certification Expiration Date _____

Certification Type _____ Certifying Board _____ Date Certification _____ Certification Expiration Date _____

D. What percentage of your practice is in ultrasound? 0-25% 51-75%
 26-50% 76-100%

II. In-Training applicants must complete this section

I certify that I am serving as a Resident/Fellow in (Specialty) _____

at (Name of Institution) _____

Date program began (begins) _____ Date program ends _____

Name of Program Director _____ Phone () _____

E-mail _____

Application must be completely filled out and signed to be processed.

Membership is effective upon payment of dues.

Please allow 2-4 weeks for processing.

Mail SRU application and payment to:
Society of Radiologists in Ultrasound (SRU)
Attention: Membership Services
PO Box 18225
Merrifield, VA 22118
703.858.9210 (direct)
703.264.2093 (fax)
www.sru.org
info@sru.org

Applicant's signature _____

Membership Dues Amount Enclosed _____

Payment Options

Check (Payable to SRU in U.S. funds)

Visa MC AmEx

Card# _____

Expires _____