APPLICATION FOR MEMBERSHIP

Society of Breast Imaging

Please check member category for which you are applying:

o **Regular Member** — I am a board-certified radiologist. The membership rate per year is $200.

o **Physicist Member** — I am a board-certified physicist. The membership rate per year is $125.

o **Affiliate Member** — I am a radiologic technologist registered by the ARRT. The membership rate per year is $75.

o **In-Training** — I am participating in a radiology residency or fellowship in breast imaging as documented by a letter from the director of the training program.

NOTE: Dues year July 1 through June 30.

Name: _____ Degree: _____

First MI Last

Home address:

_____

_____

_____

_____

Business address:

_____

_____

_____

_____

Home telephone: _____

Home fax: _____

Home e-mail: _____

Business telephone: _____

Business fax: _____

Business e-mail: _____

Preferred mailing address: o Home o Business

Preferred directory address: o Home o Business

Date of birth: _____ SSN: _____(last 4 digits) Sex: o Male o Female

Certified by the: ABR (Year):_____ ARRT (Year):_____ Other* (Year):_____

*If any other than ABR or ARRT, you must attach a copy of certification

Radiology residency location: _____

Fellowship specialty: _____

Date: _____

I hereby certify that the information given is correct to the best of my knowledge:

_____

Signature of applicant Date

Please enclose payment to cover your SBI dues:
(note: the membership year runs from July to June)

o Check or money order:
Payable to Society of Breast Imaging

Credit Card:
o VISA o MasterCard o American Express

Credit Card Number Expiration Date

_____

Authorized signature on card

Please fax or mail application to:
Society of Breast Imaging
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Reston, VA 20191-4397
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www.sbi-online.org
sbi@acr.org