



Philadelphia Society of Radiologic Technologists, Inc.

Affiliate with the American Society of Radiologic Technologists

Membership Application

Active Members

Active Members are those who are registered by the American Registry of Radiologic Technologists (ARRT) or its equivalent or hold an unrestricted license under state statutes. They shall have all rights, privileges and obligations of membership including the right to vote, debate, and/or hold office.

Corporate (Supporting) Members

Corporate (Supporting) Members are those persons who express an interest and support consistent with the promotion of Society goals. **Also a supporting membership will include one month free of advertisement on PhilaSRT website.**

Student Members

Student Members are those who are enrolled in a primary radiologic science program accredited by the Joint Review Committee or regional accrediting agency acceptable by the ARRT. They shall have all privileges, rights and obligation of active members, except to hold office or vote.

Advance Student Members

Advanced student members are those who are registered by the American Registry of Radiologic Technologists (ARRT) with a primary certification and are in school FULL time for an advanced imaging modality.

Active \$35.00 Corporate/Supporting \$ 100.00 Student \$10.00 Advanced Students \$15.00

2 year Active membership receives a discount with the price of \$60.00

Name _____

Address _____ City _____ State _____ Zip _____

Code _____

Employer: _____

Address of _____

Employer: _____

If a student, when is your anticipated completion of the program: Month _____ Year _____

Name of School; _____

E-mail Address _____

The American Registry of Radiologic Technologists as R.T. (select appropriate primary modality):

(R) (N) (T) (S) (CV) (M) (CT) (MR) (QM) (BD) (VS) (CI) (VI) (BS)

Length of practice: _____ (1-3yr) (3-6yr) (7-10yr) (10-15yr) (15-20yr) (20-30yr) (10-40yr)

ARRT # _____ ASRT # _____

I hereby make an application to the Philadelphia Society of Radiologic Technologists and agree to uphold the radiologic technologist's code of Ethics and the Society's By Laws.

Signature _____ Date _____

Were you referred by a member? If so what is their name _____

Please mail check made out to PhilaSRT and completed application to;

Michael Pallanti
125 Quince Circle
Newtown, PA 18940