

**The Florida Society of Radiologic Technologists
Membership Application**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELLPHONE _____

Email _____

EMPLOYER _____

DOH Cert/BMO# _____ ARRT# _____ ASRT# _____

___ COMMERCIAL REPRESENTATIVE

___ STUDENT

STUDENTS ENROLLED IN APPROVED RADIOLOGIC TECHNOLOGY PROGRAM ONLY

NAME OF PROGRAM _____

ADDRESS _____

GRADUATION DATE _____ SIGNATURE OF PROGRAM DIRECTOR _____

In the interest of its members, the FSRT has engaged in lobbying activities, in so doing 15% of your membership fee may not be deductible for tax purposes under section 162E of the code. This statement is made in accordance with Section 6033E of the Internal Revenue Code.

SIGNATURE _____ DATE _____

MEMBERSHIP APPLICATION FEE AND DUES* \$30.00

*COVERS STUDENT FOR DURATION OF RADIOLOGIC TECHNOLOGY EDUCATIONAL PROGRAM

**Mail to: The Florida Society of Radiologic Technologists
6825 NW 15th Street, Margate, Florida 33063**

MAKE CHECK OR MONEY ORDER PAYABLE TO FSRT

COPY OF DOH Cert/BMO#, ARRT & ASRT CARDS MUST BE ENCLOSED

Celebrating 100 Years of Quality Radiologic Sciences Service & Our Future

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