MASSACHUSETTS RADIOLOGICAL SOCIETY
APPLICATION FOR STATE CHAPTER MEMBERSHIP

CHECK ONE:
☐ Physician
☐ Physicist

PLEASE CHECK THE MEMBER CATEGORY TO WHICH YOU ARE APPLYING:

☐ Resident/Fellow Member

☐ Active Member: I am a physician/physicist in the full-time practice of radiology/radiological physics and certified by the ABR, ABNM, RCPS or AOBR

☐ Associate Member: I am a physician/physicist in the full-time practice of radiology/radiological physics and not certified by the ABR, ABNM, RCPS or AOBR

NAME_____ DEGREES_____ BIRTHDATE_____
LAST FIRST MIDDLE — MD, PhD, MB, etc. — MO/DA/YR

HOME ADDRESS_____ OFFICE ADDRESS_____

_____ _____

_____ _____
CITY STATE ZIP — CITY STATE ZIP

HOME PHONE_____ OFFICE PHONE_____ FAX_____ E-MAIL_____

PREFERRED MAILING ADDRESS: ☐ HOME ☐ OFFICE CITIZEN OF: ☐ US ☐ CANADA SEX: ☐ F ☐ M

COLLEGE(S) _____
INSTITUTION(S)/DEGREE(S) INTERNSHIP(S)

MEDICAL SCHOOL(S) _____
INSTITUTION(S)/DEGREE(S) INTERNSHIP(S)

RESIDENCIES IN RADIOLOGY/RADIOLOGICAL PHYSICS _____
FROM: MO/DA/YR TO: MO/DA/YR

PRESENT HOSPITAL APPOINTMENTS _____
FROM: MO/DA/YR TO: MO/DA/YR

LICENSED TO PRACTICE MEDICINE _____ DATE OF BOARD CERTIFICATION _____
STATE(S) AND DATE(S): MO/DA/YR — MO/DA/YR

GRADUATE STUDIES IN HEALTH PHYSICS OR ALLIED HEALTH _____

CERTIFIED BY THE: ☐ ABR ☐ ABNM ☐ RCPS ☐ AOBR DATE:_____
MO/DA/YR

CURRENTLY IN FULL-TIME US GOVERNMENT SERVICE: ☐ VA ☐ ARMY ☐ NAVY ☐ USPHS ☐ AIR FORCE

CHAPTER SPONSORS: NAMES OF TWO CURRENT MEMBERS IN GOOD STANDING OF THE MASSACHUSETTS RADIOLOGICAL SOCIETY

1. _____ 2. _____

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE:

_____
SIGNATURE OF APPLICANT DATE: MO/DA/YR

CHAPTER COPY – RETAINED BY SECRETARY