



## Society of Skeletal Radiology Membership Application

1061 E. Main Street, Suite 300 | East Dundee | Illinois, 60118 | Phone: 847-752-6626 Fax 847-752-6632

**Date:**

**I am applying for:**

**Full Membership**

USD \$350.00 Annual Member dues

**Member-in-Training Membership**

USD \$75.00 Annual Member dues

**International Membership**

USD \$350.00 Annual Member dues

*Note: pay member dues once membership is approved*

**APPLICANT INFORMATION**

Full Name:

(Please print full legal name clearly)

Degree(s):

Position/Title:

Business Address:

City:

State/Province:

Zip/Postal Code:

Country:

Home Address:

City:

State/Province:

Zip/Postal Code:

Work Ph.:

Home/Cell:

Email:

Website:

Date of Birth:

(MM/DD/YYYY)

Gender:

**Mailing Address Preference for SSR Mailings:** Office

Home

Receive Society Faxes: Yes No

Receive Society Emails: Yes No

Member Directory: Yes No

**EDUCATION AND EXPERIENCE (include dates – MM/YYYY)**

Medical School:

(Name of institution)

Date:

Internship:

(Name of institution)

Date:

Residency:

(Name of institution)

Date:

Fellowships:

(Specialty, Institution, Program Director):

I am no longer in training and completed my fellowship in:

(Year)

ACR Member: Yes      No

**Board Certification** (for Full or International Member)

(check one): American Board of Radiology

(Year)

Equivalent

(Year)

**Demonstrate board eligibility status** (for MIT Member):

**Time Devoted to Musculoskeletal Imaging.** Percentage of time devoted to MSK:      %

Please list percentage of time exclusive of time devoted to administrative duties.

**CANDIDATES FOR MEMBERSHIP MUST BE SPONSORED BY A FULL MEMBER IN GOOD STANDING**

Sponsor (for Full or International Member)

The sponsor's letter of recommendation must explicitly state that the applicant meets the above requirements for his/her membership category.

**\*Sponsor's Full Name:**

(Please print full legal name clearly)

Sponsor (for MIT Member)

Letter of Recommendation from Musculoskeletal Program Director; if your PD is not a full SSR member, an additional letter from a full SSR member is required.

**Musculoskeletal Program Director:**

(Please print full legal name clearly)

**\*Sponsor's Full Name:**

(Please print full legal name clearly)

*\*Please have your sponsor send their supporting letter to the below mailing address or email address.*

**A \$75.00 application fee is required with your submission. An SSR application fee invoice is linked to previous page**

**After membership approval you will be invoiced for annual dues.**

Completed applications will be reviewed by the membership committee for approval on a quarterly basis. Successful applicants may attend the annual meeting the year after their completed application is received. (Completed applications must be received by Dec. 31 to be eligible to attend the upcoming meeting.)

I certify that I meet the requirements for membership in the Society of Skeletal Radiology:

**Signature:**

**Please return: (1) completed application form (2) current curriculum vitae (3) letter of recommendation (4) application fee to: Society of Skeletal Radiology Membership Department via email, mail, or fax:**

Email: [admin@skeletalrad.org](mailto:admin@skeletalrad.org)

Mail: Society of Skeletal Radiology

1061 E. Main Street, Suite 300

East Dundee, IL 60118

Phone: (847) 752-6626

Fax: (847) 752-6632

If you have any questions, please call Jodeen at (847)752-6626 or [admin@skeletalrad.org](mailto:admin@skeletalrad.org)