



# Application for Honorary Life Member Status

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MSRT Contact Information *(to submit your application and payment by mail use the address below)*

E-mail: [info@msrt-ma.org](mailto:info@msrt-ma.org) | Phone: 781.422.3962 | Fax: 781.422.3963 | Mailing Address: P.O Box 541590 775 Main Street Waltham, MA 02451

## Honorary Life Membership Eligibility

- Honorary life members must be Quarter Century Club voting members who hold a certificate of recognition from the American Registry of Radiologic Technologists (ARRT) or equivalent or meet Social Security Administration requirements for retirement.
- Honorary life members must be a minimum of 62 years of age.
- Honorary life members must not be currently employment in the field of Medical Imaging or Therapeutics.
- Candidate's participation as a member must reflect exceptional service and dedication to the MSRT and the profession.

## Honorary Life Member Selection

Honorary life member applications shall be reviewed upon receipt. A three-fourths vote of the entire membership of the Board of Directors is necessary for selection.

*NOTE: Honorary members shall have all rights, privileges, and obligations of "Active" members. They shall pay no membership dues.*

## + Personal Information

Full Name			E-mail		
Credentials	Date of Birth		Daytime Phone Number		
Mailing Address					
Are you currently employed in Medical Imaging or Therapeutics?	Yes	No	Current Employer		
Are you registered with the ARRT? *	Yes	No	ARRT #		
<i>*If you currently hold a Certificate of Retirement from the ARRT, you must include a copy of the certificate with this application.</i>					
Are you currently licensed in the State of Massachusetts?	Yes	No	Mass RT License #		
Are you currently eligible to receive Social Security benefits as a retiree?	Yes	No	Are you currently a member of the ASRT?	Yes	No
If you currently hold an MA State License, please check all modalities in which you are licensed	Bone Density	CT	Diagnostic		
	Interventional/CV	Mammography	MRI		
	Nuclear Medicine	PACS	Radiation Therapy		
	Ultrasound				

Please continue to next page

Please provide a brief narrative that outlines your previous or current service to the MSRT, and/or the profession.

You may enter text here or  
attach a separate sheet to your  
application.

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If you have any questions regarding this form, please call the MSRT office at 781.422.3962 or e-mail the MSRT at [info@msrt-ma.org](mailto:info@msrt-ma.org)