

Application for Retired Membership Status



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Date of Application

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

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

Retired Membership Eligibility

1. Retired members must hold a certificate of retirement from the American Registry of Radiologic Technologists (ARRT) or equivalent and/or meet Social Security Administration requirements for retirement.
2. Retired members must be a minimum of 62 years of age.
3. Retired members must not be currently employment in the field of Medical Imaging or Therapeutics.

NOTE: Retired members shall have all rights, privileges, and obligations of "Active" members except the ability to hold office on the executive board or serve as a delegate for the society.

+ Personal Information

Full Name

E-mail

Credentials

Date of Birth

Daytime Phone Number

Mailing Address

+ Retired Technologist Membership - \$25 for 1 Year

Are you currently employed in Medical Imaging or Therapeutics?	Yes	No	Current Employer
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Are you registered with the ARRT? *	Yes	No	ARRT #
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**If you currently hold a Certificate of Retirement from the ARRT, you must include a copy of the certificate with this application.*

Are you currently licensed in the State of Massachusetts?	Yes	No	Mass RT License #
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Are you currently eligible to receive Social Security benefits as a retiree?	Yes	No	Are you currently a member of the ASRT?	Yes	No
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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		

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