# Massachusetts Society of Radiologic Technologists

# Membership Application

**Membership Eligibility**

**Technologist:**  Certified by the ARRT or its equivalent or hold an unrestricted license under Massachusetts state statute and actively engaged in the field of Radiologic Technology

**Student:**  Shall be enrolled in an accredited Radiologic Technology program.  Eligibility for this membership will terminate on conclusion or discontinuation of such enrollment.  Student members shall have all the rights & obligations of members.

**Bridge:**  Shall have graduated from an accredited program in medical imaging or radiation therapy within 12 months of membership application, or are registered by the American Registry of Radiologic Technologists (ARRT) equivalent and are within 12 months of their initial certification.

**Quarter Century Club:**  Technolgist members who have maintained membership in the MSRT for twenty five (25) consecutive years

New Member                 Membership Renewal              Member Profile Update

## + Personal Information

Full Name                                                              E-mail
                                                                       **Required**

Credentials                               Date of Birth               Daytime Phone Number

Mailing Address

Notify me about 1/2 Day          Boston        Cape Cod       Central        Merrimack        Western
Seminars in these areas of
MA

Referred by MSRT member:

## + Select:   Technologist $50 for 1 Year     QCC $50 for 1 Year     Bridge $70 for 2 Years     Student $20 for 1 Year

| Check all modalities in which you are licensed or certified: | Bone Density | CT | Diagnostic | Interventional/CV |
|---|---|---|---|---|
| | Mammography | MRI | Nuclear Medicine | PACS |
| | Radiation Therapy | Ultrasound | | |

Are you registered with        Yes          No                    ARRT #                      Mass RT
the ARRT?                                                                                      License #

Are you an ASRT member?        Yes          No            ASRT #

Current Employer                                                    Highest Level of Education

## + Student or Graduate Bridge Members

School:

Dates of Enrollment:                              Date or Projected Date of Graduation