

**AERT ASSOCIATION OF EDUCATORS IN RADIOLOGIC TECHNOLOGY
STATE OF NEW YORK, Inc.
MEMBERSHIP APPLICATION FORM**

PLEASE PRINT

PERSONAL *****

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone : (____) _____ **H ()**
Area code **C () Fax:** (____) _____
Area Code

Home e-mail _____

PROFESSIONAL *****

Employers Name: _____

Employers Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone : (____) _____ **Fax:** (____) _____
Area code **Area Code**

Work e-mail _____

If place of employment is a school affiliate, please give name of School: _____

Please note: all correspondences will be sent to your home address.

Program Awards: <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Masters Degree	Program Confers Certificate/Degree in: <input type="checkbox"/> Radiography <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Sonography	Position Title: <input type="checkbox"/> Program Director <input type="checkbox"/> Clinical Coordinator <input type="checkbox"/> Instructor <input type="checkbox"/> Clinical Supervisor <input type="checkbox"/> Student in Advanced Program <input type="checkbox"/> Other (please specify) <hr/>
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Signature

Date

If you would like to continue as a member of the AERT –
send this completed application and a **\$40.00** check made payable to: **AERT/SNY**
Send to Gina Collins at 81 Henry Street, Merrick, New York, 11566

The membership period extends from the end of the Annual Spring Meeting to the end of the next Annual Spring Meeting. Present members must renew their membership within 60 days following the Annual Meeting or they will be dropped from the membership roster and charged the initial/re-instated membership fee when they rejoin.
Revised 3/1/2023 CD