



Application for Medical School Student or Transitional Year Resident for Member-in-training Membership

sident
st Radiation Oncologist Nuclear Medicine Physician
not be accepted unless it is accompanied by a letter ng your current training status and including the ng.
Degrees: Middle
E-mail Address:
Last 4 digits of SSN/SIN*
Business Address:
City
State/Province ZIP/Postal Code
Country
Preferred Billing Address: ☐ Home ☐ Business CR Council 1987 resolution, amended 1997, 2007 (Res. 36-A).
Business Phone
Business Fax
pest of my knowledge.
Date

Mail application and letter on school stationery from medical school or transitional year residency program verifying your status and dates of training to:

Membership Services ◆ American College of Radiology ◆ 1891 Preston White Dr. ◆ Reston, VA 20191-4326 ◆ USA 00+1 703·648·8900, ext. 4064 ◆ 00+1 800·347·7748 ◆ Fax 00+1 703·264·2093 ◆ E-mail **membership@acr.org**

*Birth date and last four digits of SSN/Canadian SIN are used to uniquely identify you in our database.

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