

1850 Samuel Morse Drive Reston, VA 20190-5316 Telephone (703) 708-9000 Fax (703) 708-9015

## APPLICATION FOR EMERITUS STATUS

Any member of the <u>Society of Nuclear Medicine and Molecular Imaging</u> at age 65 and retired from practice or at the age of 70 regardless of practice and with ten (10) years of consecutive membership in the Society, or any member who, by reason of permanent disability or undue hardship, has been rendered unable to continue active membership, may apply for an Emeritus Membership classification to the Membership Committee of the Society. Emeritus members have the full privileges of the membership category from which they entered the emeritus status except the right to be elected an Officer of the Society. An Emeritus Member, however, may be elected to the office of Historian of the Society.

Any member of the <u>Technologist Section</u>, at age 65 with 10 years active membership, or after retirement at any age from active or practice, teaching or research, with ten years active membership, or any member who, by reason of permanent disability or undue hardship has been rendered unable to continue active membership, may apply for any Emeritus Membership classification to the Chairman of the Membership Committee of the Section. Emeritus classification of member Emeritus will be awarded by a majority vote of the National Council. Any member holding an emeritus classification will have all the privilege of his/her corresponding non-emeritus membership category except the right to hold elective office and to receive the journal.

(Please Print): Membe	r Number:	Date of Birth:	Date Joined:
Applicant's Name:			
Address:			
City:	State:	Zip:	Phone:
Email:			
			clear Medicine and Molecular Imaging and/or red in is (please select one):
$\square$ Emeritus I - free of	charge with online access	s to JNM or JNMT onl	ly.
☐ Emeritus II – annua	l cost of \$165; includes a	printed subscription	to JNM and/or JNMT.
I confirm that I meet th	ne required criteria for em	neritus status for the j	following reason (please select one):
$\square$ I am 65 and retired	from practice and have b	peen a member with	10 years consecutive years of service.
☐ I am 70 or over and	l have been a member w	ith 10 years consecut	rive years of service.
$\hfill\square$ Due to permanent	disability or undue hards	hip I am unable to co	ntinue active membership. Please explain.
I, the undersigned, ver	ify that all of the above ir	nformation I have list	ed is true to the best of my knowledge.
Applicant's Signature _			Date:
r SNMMI Internal Use:			
ate Received: Join D		e:	_ 10 Yrs of Membership Met: Yes No
ate Approved:	Commer	its:	