



MEMBERSHIP APPLICATION



First Name: _____ M.I.: _____ Last Name: _____ Suffix: _____

Designations: _____ Medical Education Number: _____

Birth Date: _____ Gender: _____

WORK ADDRESS:

Company/Institution: _____

Department: _____ Title: _____

Street Address: _____

City, State, Zip: _____ Country: _____

Work Email: _____ Work Phone: _____

HOME ADDRESS:

Street Address: _____

City, State, Zip: _____ Country: _____

Personal Email: _____ Phone: _____

Preferred Mailing Address: Home Work Preferred Email Address: Home Work

MEMBERSHIP TYPE:

Please select your appropriate member type below.

- Full Member - \$485
- Associate Member - \$345
- Associate Scientific Lab Professional - \$179
- Affiliate Member - \$375
- Associate Technologist - \$125
- Technologist - \$110
- Scientific Lab Professional - \$110
- Resident/Fellow-in-Training - Free
- Scientist-in-Training - Free
- Technologist-in-Training - Free

CHAPTER MEMBERSHIP:

Unless otherwise specified, a chapter will automatically be assigned based on your geographic location (members in US/Canada only).

Chapter: _____

PRINT PUBLICATION(S):

SNMMI publications are now online. If you would like print issues, please opt-in below: **Opt-in**

- *The Journal of Nuclear Medicine (JNM)
- *\$25 shipping charge for international members
- Journal of Nuclear Medicine Technology (JNMT)

I agree to abide by the current bylaws, policies and procedures of the Society and any future revisions thereof. I certify that the information given above is correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

ADDITIONAL MEMBERSHIP OPTIONS:

Please select the Councils and/or Centers of Excellence to add to your membership.

- Academic Council: \$15
- Advanced Associate Council: \$15
- Brain Imaging Council: \$15
- Cardiovascular Council: \$20
- Center for Molecular Imaging Innovation & Translation: \$15
- Correlative Imaging Council: \$20
- General Clinical Nuclear Medicine Council: \$20
- PET Center of Excellence: \$15
- Physics, Instrumentation and Data Sciences Council: \$15
- Pediatric Imaging Council: \$20
- Radiopharmaceutical Sciences Council: \$20
- Therapy Center of Excellence \$15

Member Dues: \$ _____

Chapter Dues: \$ _____
(Required for US/CAN)

JNM Shipping Fee \$ _____
(International only)

Council/Center Dues: \$ _____

Total: \$ _____

PAYMENT INFORMATION

- American Express
- Mastercard
- VISA

Credit Card Number: _____ Expiration Date: _____

Name as it appears on Card: _____ Verification Code: _____

Cardholder Signature: _____ Today's Date: _____

- Check: Please make check payable to the Society of Nuclear Medicine and Molecular Imaging (in U.S. Dollars)

SNMMI's **membership year** runs from **October 1 – September 30**.

Full Name: _____

Please select your Continuing Education Credit Type:

- AMA PRA Category 1 Credits™ (Physician)
- ACPE (Pharmacist)
- VOICE (Technologist)
- CAMPEP (Physicist)
- None (In Training, Affiliate, etc)

Please select up to 3 certifications:

- ABIM
- ABNM
- ABR
- ARRT(CT)
- ARRT (MR)
- ARRT(N)
- ARRT(R)
- BCNP
- NMTCB (CNMT)
- NMTCB (NCT)
- NMTCB (PET)
- Other: _____
- RPH
- None

Please select up to 3 degrees:

- AA
- AAS
- AS
- BA
- BS
- BSC
- DO
- DSc
- JD
- MB
- MBA
- MD
- Med
- MHA
- MPH
- MS
- MSc
- PharmD
- PhD
- Other: _____
- None

Please select your job function:

- Cardiology Technologist
- Chief Technologist
- Clinical Research Technologist
- Consultant
- Educator/Teacher
- Healthcare Administrator
- Medical Student
- Management
- Nuclear Medicine Physician
- Nuclear Medicine Technologist
- Nurse
- PET Technologist
- Product Research & Development
- Quality Management/Assurance
- Radiation Safety Officer
- Radiographer
- Radiologist
- Radiopharmacist
- Research Scientist
- Resident
- Sales & Marketing
- Staff Technologist
- Technical Director
- Technologist Student
- Other

Please select the best description of your workplace environment:

- Combined Nuclear Medicine/Radiology
- Education in Classroom
- Emergency Medicine
- Family Practice
- Geriatrics
- Internal Medicine
- Molecular Imaging
- Neurology
- Nuclear Medicine
- Optical Imaging
- Pediatrics
- Pharmacy
- Physics
- Radiology
- Veterinary Medicine
- Other _____

Please select your primary specialty:

- Cardiology
- Hybrid Imaging
- Medical Physics
- Molecular Imaging
- Molecular Probe and Contrast Agent Development
- Nanomedicine
- Nuclear Medicine (general)
- Nuclear Medicine Technology
- Oncology
- Optical Imaging
- Radiology
- Radiopharmaceutical Chemistry
- Radiopharmacy
- Other _____

Please select your primary place of work:

- Academic Institution
- Departmental Library
- Free-Standing Imaging Facility
- Government Laboratory
- Industry
- Institutional Library
- Military Clinic/Hospital
- Mobile Unit
- Molecular Imaging Laboratory
- Non-University Affiliated Hospital
- Medical Center
- Other _____