



# MEMBERSHIP APPLICATION



First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Designations: \_\_\_\_\_ 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 (US/Canada) - \$485
- Full Member (International) - \$510
- Associate Member - \$345
- Associate Scientific Lab Professional - \$179
- Affiliate Member - \$375
- Associate Technologist - \$123
- Technologist - \$108
- Scientific Lab Professional - \$108
- 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:

- |  |                          |
|--|--------------------------|
|  | <b>Opt-in</b>            |
| <i>The Journal of Nuclear Medicine</i> (JNM)         | <input type="checkbox"/> |
| JNM Supplement(s) Only                               | <input type="checkbox"/> |
| <i>Journal of Nuclear Medicine Technology</i> (JNMT) | <input type="checkbox"/> |

### 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
- Computer & Instrumentation Council: \$15
- Correlative Imaging Council: \$20
- General Clinical Nuclear Medicine Council: \$20
- PET Center of Excellence: \$15
- Pediatric Imaging Council: \$20
- Radiopharmaceutical Sciences Council: \$20
- Therapy Center of Excellence \$15

Member Dues: \$ \_\_\_\_\_

Chapter Dues: \$ \_\_\_\_\_

Council/Center Dues: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

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: \_\_\_\_\_

### 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**.