

International Membership Application

3975 Fair Ridge Drive, Suite 400 North, Fairfax, VA 22033 * (703) 691-1805 * FAX (703) 691-1855 * Email: Membership@SIRweb.org

APPLICATION FOR (Please Check)

- Corresponding Member
 Member In-Training

- Clinical Associate
 Active Member

**Active membership entitles member to voting rights, please see chart for dues amount*

IMPORTANT

Application will not be considered unless all sections are complete and all supporting documentation has been received by the SIR Membership Committee.

PLEASE TYPE OR PRINT

I. GENERAL INFORMATION

NAME:

BIRTH

DATE:

GENDER: M or F

FIRST

MIDDLE INITIAL

LAST

DESIGNATION

Month

Day

Year

PLEASE CIRCLE

(MD, DO, OTHER)

OFFICE ADDRESS:

HOSPITAL

WORK PHONE

WORK FAX

DEPARTMENT

EMAIL ADDRESS

STREET

CITY

STATE

POSTAL CODE

COUNTRY

HOME ADDRESS:

STREET

HOME PHONE

HOME FAX

CITY

STATE

POSTAL CODE

COUNTRY

PREFERRED MAILING ADDRESS?

OFFICE

HOME

II. RESIDENCY (IES)

SPECIALTY:

PROGRAM DIRECTOR

HOSPITAL

FROM (Month / Year)

TO (Month / Year)

SPECIALTY:

PROGRAM DIRECTOR

HOSPITAL

TO (Month / Year)

TO (Month / Year)

III. SPECIALTY BOARD CERTIFICATION / RADIOLOGICAL QUALIFICATIONS

PHOTOCOPY OF THIS BOARD CERTIFICATION **MUST** BE INCLUDED WITH THIS APPLICATION

1.

BOARD CERTIFICATION / QUALIFICATION

NAME OF SPECIALTY BOARD

YEAR OF CERTIFICATION

2.

BOARD CERTIFICATION / QUALIFICATION

NAME OF SPECIALTY BOARD

YEAR OF CERTIFICATION

IV. PROFESSIONAL SOCIETIES

AMA

RSNA

CIRSE *

JSAIR *

CIRA *

* Members of CIRSE, JSAIR, or CIRA are **NOT** required to provide any letters of recommendation for SIR membership. Please provide proof of membership status with application.

V. MEMBERSHIP SPONSORS / LETTERS OF RECOMMENDATION

A. MEMBER IN-TRAINING APPLICANTS: If you are currently enrolled in radiology training, please provide the name of your Program Director who will be submitting a letter of recommendation on your behalf.

NAME OF PROGRAM DIRECTOR

B. ACTIVE MEMBER, CORRESPONDING MEMBER AND CLINICAL ASSOCIATE MEMBER APPLICANTS: Please provide the names of two (2) SIR Members who will each provide a letter of recommendation on your behalf. If you are able to obtain only one (1) sponsor, SIR's current Membership Chair will provide a letter on your behalf.

NAME OF SIR MEMBER

NAME OF SIR MEMBER

(OVER)

VI. MEMBERSHIP DUES

SIR Membership dues are prorated based on fiscal quarters. Please submit your dues payment with your completed application. Additionally, please include a check or a credit card number/expiration date with your application, to be charged once the application process is finalized. Please refer to the chart below to determine your dues amount. Dues must be paid in US dollars.

2008-2009 Dues
full dues year runs from July 1, 2008 to June 30, 2009

International Member Category	July 1 – Sept. 30	Oct. 1 – Dec. 31	Jan 1 – March 31	April 1 – June 30
Corresponding Member	\$280.00	\$210.00	\$140.00	\$70.00
Active Member (<i>eligible to vote</i>)	\$590.00	\$442.50	\$295.00	\$147.50
Clinical Associate	\$310.00	\$232.50	\$155.00	\$77.50
Member In-Training	\$50.00	\$37.50	\$25.00	\$12.50

- CHECK ENCLOSED (made payable to SIR in US dollars)
 PLEASE CHARGE MY:
 VISA
 MASTER CARD
 AMERICAN EXPRESS

CARD NUMBER

EXPIRATION DATE

CARDHOLDER NAME

SIGNATURE

MAKE SURE YOU HAVE INCLUDED THE FOLLOWING WITH YOUR MEMBERSHIP APPLICATION:

- (PLEASE CHECK)
 CURRICULUM VITAE (CV)
 PHOTOCOPY OF BOARD OR SPECIALTY CERTIFICATE
 SIR DUES PAYMENT

SIGNATURE OF APPLICANT

PLEASE NOTE: YOUR SIGNATURE ALLOWS THE SIR MEMBERSHIP COMMITTEE TO CONTACT THE REFERENCES INCLUDED WITH THIS APPLICATION.

ALL REQUIRED INFORMATION MUST BE RECEIVED BEFORE THE APPLICATION IS PROCESSED.
 PLEASE MAIL YOUR APPLICATION AND HAVE THE APPROPRIATE SPONSORSHIP RECOMMENDATION LETTER(S)
 FORWARDED DIRECTLY TO:

SOCIETY OF INTERVENTIONAL RADIOLOGY
c/o MEMBERSHIP COMMITTEE
3975 Fair Ridge Drive
Suite 400 North
Fairfax, VA 22030
(703) 691-1805 FAX (703) 691-1855
Email: Membership@SIRweb.org

Corresponding Membership	Active Membership	Member In-Training	Clinical Associate
For radiologists who reside and practice interventional radiology outside of the United States. Corresponding members must fulfill all requirements for Active or Associate membership including certification by the American Board of Radiology or other radiology certification board- which in the judgment of the Executive Council has equivalent status. <i>Individuals practicing outside of the United States shall have the option of applying as an active or corresponding member.</i>	For individuals who have a special interest and competency in interventional radiology and are certified by the American Board of Radiology or other radiology certification board--which in the judgment of the Executive Council has equivalent status. Active membership entitles the member to voting rights. <i>Individuals practicing outside of the United States shall have the option of applying as an active or corresponding member.</i>	For individuals who are currently in formal radiologic training, either as a resident in a radiology residency or a fellow-in-training in interventional radiology.	For non-physician members of the medical profession who have a special interest and competency in interventional radiology. Clinical associates include, but are not limited to, physician assistants, nurse practitioners, radiologic technologists and paramedical professionals.