

GROUP MEMBERSHIP APPLICATION



Mail to OSRT
 P.O. Box 6303
 Moore, OK 73153



Questions:
 osrtemail@gmail.com

MEMBER INFORMATION: - Please Print.

First Name **M.I.** **Last Name**

DATE OF BIRTH: (mm/dd/yyyy) ____/____/____ Male Female

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

E-MAIL ADDRESS: _____ CELL PHONE: () _____

HOME PHONE: () _____ WORK PHONE: () _____ EXT. _____

CERTIFICATIONS: Select all current certifications that apply.

ARRT Number: _____ **ARDMS** Number: _____

RDMS RDCS RVT RMSK Other: _____

Biennium Date: _____ Biennium Date: _____

NMTCB Number: _____ **MDCB** Number: _____

CNMT NCT NMAA PET Other CMD Other

Biennium Date: _____ Biennium Date: _____

GROUP MEMBER CATEGORY Price Listed for one-year membership.

ACTIVE: Members are certified by the American Registry of Radiologic Technologists (ARRT) or its equivalent. They may hold office, serve as a delegate and enjoy access to all OSRT benefits. Group discount is given when 10 or more applicants submit their applications together or part of a named group.	\$25.00
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GROUP NAME: _____ GROUP NUMBER: _____

PRIMARY DISCIPLINE please select your primary discipline

<input type="checkbox"/> Bone Densitometry	<input type="checkbox"/> Magnetic Resonance	<input type="checkbox"/> Quality Management
<input type="checkbox"/> Cardiovascular - Interventional	<input type="checkbox"/> Mammography	<input type="checkbox"/> Radiation Therapy
<input type="checkbox"/> Computed Tomography	<input type="checkbox"/> Management	<input type="checkbox"/> Radiography
<input type="checkbox"/> Medical Dosimetry	<input type="checkbox"/> Military	<input type="checkbox"/> Registered Radiologic Asst.
<input type="checkbox"/> Education	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Sonography