

Eastern Radiological Society

APPLICATION FOR MEMBERSHIP

Date _____

Name _____ Nickname _____

Address _____

Spouse _____

Telephone (Business) _____ (Home) _____

FAX _____ E-Mail _____

Sponsors (1) _____ MD

(2) _____ MD

Remarks

Signature of Applicant _____ MD

This application must be signed by the applicant and two sponsors, and then returned to the Secretary (60) days before the Annual Meeting. Letters from the sponsors must be sent directly to the Secretary.

Please enclose curriculum vitae.

Return to: Current Secretary of the ERS