

PLEASE TYPE OR PRINT:

1. Personal Information:

First Name	Middle	Last Name (Family Name)	Generation (Sr., Jr., II, III, IV)
Academic Degrees to be published		Birthdate (Month/Day/Year) _____ / _____ / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Answer
Spouse/Life Partner's First Name	Middle	Last Name (Family Name)	Prefix (Dr., Mr., Mrs., Ms.)
Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic, Latino, or of Spanish Origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer			

Address Type Home Office

2. Address: (If you indicate an office address, please provide the institution name and department)

Institution Name/Department			
Address			
City	State or Province	ZIP/Postal Code	Country

3. Contact Information:

Email Address	Phone Number

RSNA Charge Authorization Form

2023 Rate: \$735

Payment by Check:

Checks must be drawn on a U.S. bank in U.S. dollars payable to RSNA. By sending your check to us, you authorize RSNA to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited the same day we receive your payment.

Mail to: RSNA 820 Jorie Blvd. Suite 200 Oak Brook, IL 60523-2251	TEL 1-877-RSNA-MEM <i>Outside of U.S. & Canada</i> 1-630-571-7873 FAX 1-630-571-2198 customerservice@rsna.org
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*Membership to the SIG extends January 1 through December 31 regardless of join date.

AUTOMATIC MEMBERSHIP RENEWAL

Yes, automatically renew my membership dues payment beginning in 2024

Payment by Credit Card:

Check # _____ Amex Diner's Club Discover Mastercard Visa

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Total Amount	_____/_____/_____	CVV _____
Expiration Date (Month/Year)		

Card Number _____

Name as it appears on card _____

X
Cardholder Signature

I authorize my credit card to be charged the total amount listed. If my fees are totaled incorrectly, RSNA will make the necessary adjustments and charge my credit card accordingly