



# SOCIETY OF THORACIC RADIOLOGY

## MEMBERSHIP APPLICATION

Please send the first 2 pages of your CV to the e-mail address provided at the same time as application

Return Application and CV (electronically) to: Society of Thoracic Radiology

E-mail: [str@thoracicrad.org](mailto:str@thoracicrad.org)

(Please PRINT and fill in ALL information)

Name: \_\_\_\_\_  
(First) (MI) (Last) (Degree)

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: (W) \_\_\_\_\_ (H) \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Medical School: \_\_\_\_\_ Year completed: \_\_\_\_\_

Residency: \_\_\_\_\_ Year completed: \_\_\_\_\_

Specialty: \_\_\_\_\_

Board Certification: Board \_\_\_\_\_ Year: \_\_\_\_\_

Fellowship: \_\_\_\_\_ Year completed: \_\_\_\_\_

Subspecialty: \_\_\_\_\_

Current Institution: \_\_\_\_\_

Are you currently in a cardiothoracic fellowship?  Yes  No Are you currently in-training?  Yes  No  
Date training is complete? \_\_\_\_\_

Please provide credit card information or enclose a check for membership dues

(Your payment will not be charged / cashed until membership is approved.)

VISA, MasterCard, or Discover No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Membership dues include a subscription to the *Journal of Thoracic Imaging*

Dues for Senior Members / Associate Members:  \$390

Dues for Members-in-training:  \$235

Dues for Members-in-training who are cardiothoracic imaging fellows:  N/C

The STR office may fax me regarding STR business.  Yes  No

By submitting this application, I attest that the above information and my *Curriculum Vitae* are correct.

For members-in-training:

Program Director Name (for members-in-training) \_\_\_\_\_

E-mail \_\_\_\_\_

**INSTRUCTIONS:** Please send the first 2 pages of your CV as an attachment to the email of the application