

Application For Membership

NAME:	EMAI	L:		
ADDRESS:	CITY:		STATE:	ZIP:
PHONE: (home)	(cell)		BIRTHD	OAY:
ARRT Member #	_ ASRT Member #	¥		EXP
EMPLOYER:				
Would you prefer to receive the Cathode by	□E-mail OR	□US Postal Ser	vice	
Active RT (Actively employed in Radiology a	as an RT)	□\$40/year	OR □ \$60/t	wo years
Active Non-RT (Wyoming Restricted/Limited	d License)	□ \$40/year	OR □ \$60/t	wo years
Supporting Member (Commercial Reps)		□ \$40/year		
Inactive RT (Not actively employed in Radiol	logy as an RT)	. □\$35/year		
Student (Full time radiology students)		. □ \$30/two yea	nrs	
Graduating Student		□ \$30/one tim	ne	
Students (please attach names of students if	paying for multiple	students):		
Educational Facility		Date of	Graduation	
Commercial Reps:				
Name of Company				
		Total Annlicat	ion Foos Fro	<u>losed</u> : t
Mail to:		<u> 10tai Applicat</u>	ion rees enc	<u>1086u</u> l

WSRT P.O. Box 21188 Cheyenne, WY 82003

The WSRT is an affiliate of the American Society of Radiologic Technologists and strongly encourages its members to join the national organization. Applications for membership are available at www.asrt.org