



## Membership Application

Please print this application and submit it by mailing to the address below along with your check. Please fill out completely.

**I hereby make application for membership in the Connecticut Society of Radiologic Technologists and agree to support the Bylaws of the Society.**

Name: \_\_\_\_\_

First Name | Middle Initial | Last Name, Professional Initials (BS, RT)

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

Street Address | City | State | Zip Code

Primary Telephone: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

ARRT#:

Committee you wish to serve on:

- By-Laws
- Annual Conference
- CSRT Newsline
- Education
- Legislative
- Media Relations
- Student

Please Check:

New     Renewal

Technologist \$30.00

Student \$10.00

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Graduation Date

Retired \$10.00

Amount Enclosed: \$ \_\_\_\_\_

Dues are for a one year period starting from the date your payment is received.

Make check payable to "**CSRT**" and mail to:

Diane Kosenko  
212 Shagbark Dr.  
Bristol, CT 06010