



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

<p><u>Please Check:</u></p> <p><input type="checkbox"/> New <input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Technologist \$30.00</p> <p><input type="checkbox"/> Student \$10.00</p> <p style="margin-left: 150px;">_____</p> <p style="margin-left: 150px;">School Name</p> <p style="margin-left: 150px;">_____</p> <p style="margin-left: 150px;">Graduation Date</p> <p><input type="checkbox"/> Retired \$10.00</p>	<p style="text-align: right;">Amount Enclosed: \$ _____</p> <p>Dues are for a one-year period starting from the date your payment is received.</p> <p>Make check payable to "CSRT" and mail to:</p> <p style="text-align: center;">Matthew Kozakewicz 6 Greendale Ave. Cromwell, CT 06416</p>
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