



The Florida Society of Radiologic Technologists

Technologist Membership Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME# _____ WORK# _____ CELL# _____

ARRT# _____ ASRT# _____ DOH/BXMO# _____

EMAIL ADDRESS _____

EMPLOYER _____

COMMERCIAL REPRESENTATIVE _____

In the interest of the members, the FSRT has engaged in lobbying activities in so doing 15% of your Membership fee may not be deductible for tax purposes under section 162E of the code. This statement is made in accordance with Section 6033E of the Internal Revenue Code.

SIGNATURE _____ DATE _____

MEMBERSHIP APPLICATION FEE AND DUES \$30.00

**Mail to: The Florida Society of Radiologic Technologists
6825 NW 15th Street
Margate, Florida 33063-2520**

MAKE CHECK OR MONEY ORDER PAYABLE TO FSRT

COPIES OF ALL CERTIFICATES MUST BE INCLUDED

www.fsrt.org