



Student Membership Application

NAME _____

ADDRESS _____

City _____ STATE _____ ZIP _____

HOME# _____ WORK# _____ CELL# _____

EMAIL ADDRESS _____

NAME OF SCHOOL _____

ADDRESS _____

GRADUATION DATE _____

SIGNATURE PROGRAM DIRECTOR _____

STUDENT SIGNATURE _____ DATE _____

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.

APPLICATION FEE \$30.00 Covers the 2 years of your Program.

Fill out and send application process to:

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