



APPLICATION FOR MEMBERSHIP

PLEASE TYPE OR PRINT
AND RETURN TO THE SECRETARY OF THE LIRS

Date _____

I, the undersigned, hereby apply for membership in the **LONG ISLAND RADIOLOGICAL SOCIETY**, and if accepted, agree to support the by-laws of this Society.

The accompanying check is payment for dues for the year.
If not accepted as a member the money is to be returned to me.

Type of membership: Full Associate Resident Other Specify: _____

Name in full _____

Mailing Address _____

Town _____ State _____ Zip Code _____

Telephone Number _____

Office Address _____

Town _____ State _____ Zip Code _____

Email Address _____

Office telephone number _____

Place and date of birth _____

Medical College and date of graduation _____

Residency and dates _____

Date and number of New York license _____

Past and present hospital appointments and affiliations: _____

HOSPITAL or UNIVERSITY	FROM	TO

Diplomate, American Board of Radiology in _____

Date of Certification _____

Membership in following County Medical Society _____

I am , am not a member of the New York State Chapter of the American College of Radiology.

I hereby designate the following local society for voting purposes in the New York State Chapter of the ACR _____

Government service _____

Is practice limited to radiology? _____

Names of associates in practice _____

Publications _____

Sponsored by 1. _____

2. _____

Signed: _____

Date: _____

Approved by Executive Committee _____

Application voted upon _____

Letter of notification sent _____