

## **SCARD** Society of Chairs of Academic Radiology Departments 2019-2020 Membership Application

Name in Full:		_ 🛮 Male	☐ Female
Degrees/Credentials (Max. of 2):	Birth (mm/dd/yy):		
Office Address			
Department/Institution:			
Address:			
City, State, Zip/Postal Code:			
Office Phone: E-mail /	Address:		
cince i none.	(Please note that a majority of SCARD bus		
Home Address			
Address:			
City, State, Zip/Postal Code:			
Preferred Address for Correspondence:	☐ Office ☐ Home		
Eligibility:			
All departments of radiology having accredited ra for membership in the Society. Please mark an 'X' radiology which <i>does not</i> have a radiology resider	in the box noting your position. If you are th	e Chair of a d	lepartment of
☐ I am the Department Chair	Date Effective:		
☐ I am the Interim or Acting Department Chair	Date Effective:		
Please list the name and address of the hospital(s	i) in which the residency programs(s) is(are) b	ased:	
What is the current status of your residency progr	ram?		
☐ Fully accredited by ACGME	☐ Probation		
☐ Provisionally accredited by ACGME	☐ Not Accredited		



## **SCARD** 2019-2020 Membership Application Continued

<b>Dues must accompany application when submitted.</b> All memberships run July 1, 2019 to June 30, 2020. Membership dues are: \$1,000 (Active Membership), \$150 (Canadian Membership), \$150 (International Membership), \$35 (Military Rate).
<b>PAYMENT INFORMATION</b> (in US funds drawn on a US bank): □Check Enclosed □MasterCard □Visa By sending your check to us, you authorize SCARD to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited as soon as the same day that we receive your payment.
$\square$ I authorize SCARD to charge my credit card in the amount of \$
Card Number
CVV Code
Expiration Date (MM/YY)
Name as it appears on card

Contact SCARD at 1-630-368-3731 or <u>SCARD@rsna.org</u> with any questions.