

SCARD

Society of Chairs of Academic Radiology Departments 2018-2019 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: _____

(Please note that a majority of SCARD business is conducted via e-mail)

Home Address

Address: _____

City, State, Zip/Postal Code: _____

Preferred Address for Correspondence: Office Home

Eligibility:

All departments of radiology having accredited radiology residency programs in the United States and Canada are eligible for membership in the Society. Please mark an 'X' in the box noting your position. If you are the Chair of a department of radiology which *does not* have a radiology residency program, you do not qualify for membership in SCARD.

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) in which the residency programs(s) is(are) based:

What is the current status of your residency program?

- | | |
|--|---|
| <input type="checkbox"/> Fully accredited by ACGME | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Provisionally accredited by ACGME | <input type="checkbox"/> Not Accredited |

SCARD 2018-2019 Membership Application Continued

Dues must accompany application when submitted. All memberships run July 1, 2018 to June 30, 2019. Membership dues are: \$1,000 (Active Membership), \$150 (Canadian Membership), \$150 (International Membership), \$35 (Military Rate).

PAYMENT INFORMATION (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.

I authorize SCARD to charge my credit card in the amount of \$ _____.

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Card Number

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CVV Code

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Expiration Date (MM/YY)

Name as it appears on card

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

Please return completed application with payment to:
SCARD Membership Office, 820 Jorie Boulevard, Ste. 200, Oak Brook, IL 60523
Secure Fax: 1-630-571-2198