Fostering Quality Medical Imaging Education

P.O. Box 33016 Trenton, NJ 08629 www.njeri.com

MEMBERSHIP APPLICATION

and/or RENEWAL FORM for change of information

(Membership Year: ***September through August***)

Applicants Name _____

E-Mail Address _____
(To receive mail)

Home Address _____

_____

Home Telephone: (____) _____-_____ Cell Phone (____) _____-_____

Employer's Name _____
Work # (_____) _____
Position/Title: _____

STATUS: Check the appropriate space

FEES: **Active** - $30.00 **Associate** - $35.00

☐ Active: Technologists currently engaged in the teaching of radiologic technology on a full or part time basis or Radiologic Technologists who by their duties & responsibilities are directly involved in the education of radiologic technologists.

☐ Associate: Those persons not eligible for Active Membership but who have contributed to the aims & purposes of the organization.

Signature _____

*******PLEASE MAKE ALL CHECKS PAYABLE TO NJERI*******

Return completed Application & Associated Fees to above address.

(TAX ID# 22-3617222)