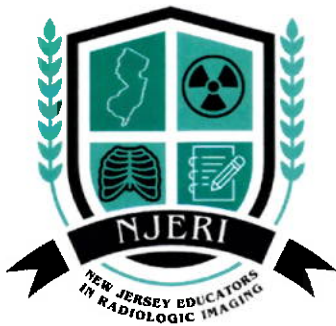




Fostering Quality Medical Imaging Education

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.