



the association for medical imaging management

### AHRA EMERITUS STATUS APPLICATION

Member ID #: \_\_\_\_\_ Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please confirm that you meet the following eligibility requirements for AHRA Emeritus Membership:**

- I have been an active AHRA member for at least 15 years and am currently a member
- I am no longer employed in healthcare:
  - I'm retired.
  - I now work in: \_\_\_\_\_

**Registration/Certifications/Licenses you hold:**

CRA	RT	LPN	RDMS	RN	RDCS
CVT	RVT	Other (please specify): _____			

**Age Range:**

36-40	41-45	46-50	51-55	56-60	60+
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**Membership in other organizations:**

ASRT	CLMA	ARNA	RBMA	SDMS	SCAR
Other (please specify): _____					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: Emeritus Status must be renewed annually**

Please mail or fax this completed application to AHRA. Thank you.

AHRA  
 Emeritus Membership  
 490-B Boston Post Rd. Suite 200  
 Sudbury, MA 01776  
 Fax 978-443-8046