

AHRA Military Membership Application

1 Year Membership Only: \$100.00

Please Note: An Official Proof of Service Form must accompany this application

Military Branch: Air Force Army Coast Guard Marine Corps National Guard Navy

**AHRA Education Foundation Voluntary Contribution: \$ _____ + \$100 = Grand Total: \$ _____

** Your voluntary contribution to the AHRA Education Foundation is deductible as a charitable contribution.

AHRA MEMBER PROFILE

Please complete and return this form (with dues payment) to:

AHRA, 490-B Boston Post Road, Suite 200, Sudbury, MA 01776 • Fax (978) 443-8046 • Email memberservices@ahraonline.org

Name: _____ Designation: _____

Title: _____

Organization: _____ Dept/Division: _____

Preferred Mailing Address: Work Home Date of Birth: _____/_____/_____

Work Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Fax: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Mobile Phone: _____

Email (primary): _____

Email (secondary): _____

AHRA takes your privacy seriously. We collect and use your demographic data to develop programs and services that best meet your needs, as well as to inform you about them. By providing an email address, you consent to receive communications directly from AHRA. Please indicate your other preferences below:

Please do not include me on email lists provided to carefully selected third parties

Please do not include me on mailing lists provided to carefully selected third parties

PAYMENT OPTIONS

Check/money order enclosed, payable to AHRA

Please charge \$ _____ to my: Visa MasterCard American Express

Card #: _____ Expiration Date: _____/_____/_____

Signature: _____ Date: _____

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1. Is your organization (select one) 1 a stand-alone facility 2 part of a multi-hospital system

2. Organization Status (select one) 3 not-for-profit 4 for profit 5 government

3. Type of Employer (check all that apply)

Hospital

Non-Hospital

- | | | | |
|-----|--|----|--|
| 6 | academic (medical school affiliated) | 11 | imaging center |
| 7 | pediatric | 12 | multi-specialties physician office (not radiology) |
| 8 | long-term care | 13 | primary care clinic |
| 9 | community | 14 | radiologist private office |
| 10 | rehabilitation (greater than 75% patients) | 15 | mobile service |
| 111 | multiple Hospitals | 16 | commercial |
| 112 | multiple facilities | 17 | consultant |

4. Licensed bed size

18	0	20	100-199	22	300-399	24	500-749	26	>1000
19	1-99	21	200-299	23	400-499	25	750-1000		

5. Annual Radiology/Imaging procedure volume (in thousands)

27	0	30	20-29	33	75-99	36	150-174
28	1-9	31	30-49	34	100-124	37	175-199
29	10-19	32	50-74	35	125-149	38	200+

6. Area(s) for which you have management responsibility (check all that apply)

Imaging Areas

- 39 Diagnostic radiology
- 40 CT scan
- 41 Ultrasound
- 42 Angiography
- 43 Cardiac catheterization
- 44 Mammography
- 45 Magnetic resonance imaging
- 46 Nuclear Medicine
- 47 Radiation therapy/oncology
- 48 Radiology support, services (e.g. film library)
- 49 Education (R.T. program)
- 50 PET

- 51 PACS
- 52 Bone densitometry
- 53 Supply purchasing
- 54 Marketing
- 55 Equipment purchasing
- 56 Facility design
- 57 Pharmacy
- 58 Rehabilitation
- 59 Endoscopy
- 60 Cardiopulmonary
- 120 Fusion Imaging
- 121 Molecular Imaging

Non-Imaging Departments

- 67 Patient billing
- 68 Practice billing services
- 69 Cardiology (i.e. EKG, stress, Holter, Echo)
- 70 Cardiopulmonary Service
- 71 Centralized Scheduling
- 72 Centralized Transportation
- 73 Endoscopy
- 74 General Hospital Administration
- 75 Hospital-wide CQI
- 76 Laboratory Services
- 77 Neurodiagnostics (i.e. EEG, EMG, Sleep center)
- 78 Pharmacy
- 79 Purchasing department
- 80 Rehabilitation
- 81 Respiratory Therapy
- 82 Urgent-Care Center
- 83 Vascular Lab (non-invasive)
- 84 Women's Health Center

Imaging Facilities

- 61 PET
- 62 Imaging department(s) in other facilities
- 63 Satellite
- 64 Mobile Services
- 65 Radiologist Practice
- 66 Breast Center

7. Registration/Certifications/Licenses you hold:

85	RT	87	RDCS	89	LPN	91	CVT	122	Certified Radiology Administrator (CRA)
86	RDMS	88	RVT	90	RN	92	Other (specify) _____		

8. Age Range

93	20-25	95	31-35	97	41-45	99	51-55	101	60+
94	26-30	96	36-40	98	46-50	100	56-60		

9. Membership in other organizations

102	ASRT	104	ARNA	106	SDMS	108	Other (specify) _____
103	CLMA	105	RBMA	107	SCAR		

10. Who pays for your AHRA membership?

- 109 Self
- 110 Employer

11. Gender

- 113 Male
- 114 Female

12. Current title (please select most relevant):

109	Director	114	Technologist	119	CEO/COO
110	Administrator	115	Vendor	120	Chief/Lead Technologist
111	Manager	116	Consultant	121	Educator
112	Supervisor	117	President	122	VP
113	Radiologist	118	Student	123	Other (please specify) _____