



the association for medical imaging management

### AHRA Membership Application

Year 1 Dues/Application Fee: **\$225.00 (1 year)**  
 Two-Year Dues/Application Fee: **\$355.00 (save \$30!)**  
 \*Monthly Dues: **\$42.50 (1<sup>st</sup> month)**  
**Dues Total:** \$ \_\_\_\_\_  
 \*\*AHRA Education Foundation  
 Voluntary Contribution: \$ \_\_\_\_\_  
**Grand Total:** \$ \_\_\_\_\_

\* If choosing monthly membership dues option please read & sign authorization (in Payment Options section below)  
 \*\* Your voluntary contribution to the AHRA Education Foundation is deductible as a charitable contribution.

#### AHRA MEMBER PROFILE

Please complete and return this 2-page form (with dues payment) to:

AHRA, 490-B Boston Post Road, Suite 200, Sudbury, MA 01776 • Fax (978) 443-8046 • Email [memberservices@ahraonline.org](mailto: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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Authorization for monthly membership dues payment (credit card only):**  
 By signing below, I authorize AHRA to automatically debit the credit card listed above in the amount of **\$42.50, for the first payment**, and \$17.50 monthly thereafter.  
 Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

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**

- 6 Academic (medical school affiliated)
- 7 Pediatric
- 8 Long-term care
- 9 Community
- 10 Rehabilitation (greater than 75% patients)
- 11 Multiple hospitals
- 12 Multiple facilities

**Non-Hospital**

- 13 Imaging center
- 14 Multi-specialties physician office (not radiology)
- 15 Primary care clinic
- 16 Radiologist private office
- 17 Mobile service
- 18 Commercial
- 19 Consultant

4. Licensed hospital bed size (if applicable):

- 20 0-99 21 100-249 22 250-399 23 400-599 24 600+

5. Annual imaging procedure volume (in thousands):

- 25 0 28 20-29 31 75-99 34 150-174  
26 1-9 29 30-49 32 100-124 35 175-199  
27 10-19 30 50-74 33 125-149 36 200+

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

- |                                  |                                      |   |
|----------------------------------|--------------------------------------|---|
| 37 DR/CR                         | 57 PACS                              | 77 Centralized transportation                     |
| 38 CT                            | 58 Bone densitometry                 | 78 Quality Improvement                            |
| 39 Ultrasound                    | 59 Inventory planning/purchasing     | 79 Laboratory services                            |
| 40 Angiography                   | 60 Marketing                         | 80 Cardiac catheterization                        |
| 41 Equipment planning/purchasing | 61 Respiratory therapy               | 81 Compliance                                     |
| 42 Mammography / Breast Imaging  | 62 Construction/renovation/design    | 82 Urgent care                                    |
| 43 MRI                           | 63 Pharmacy                          | 83 Vascular lab (non invasive)                    |
| 44 Nuclear Medicine              | 64 Rehabilitation                    | 84 Fusion imaging                                 |
| 45 Radiation therapy/oncology    | 65 Endoscopy                         | 85 Molecular imaging                              |
| 46 Cardiopulmonary               | 66 Outpatient imaging centers        | 86 Coding   |
| 47 Education (RT program)        | 67 Mobile Services                   | 87 Interventional radiology                       |
| 48 PET, PET/CT                   | 68 Budgeting, billing, reimbursement | 88 Workforce planning                             |
| 49 Purchasing department         | 69 Medical physics                   | 89 RIS/HIS  |
| 50 Mobile Services               | 70 Centralized Scheduling            | 90 X-ray  |
| 51 Radiation safety              | 71 Results reporting                 | 91 Radiology support services (e.g. film library) |
| 52 EMR/EHR                       | 72 Voice recognition                 | 92 Cardiology (i.e. EKG, stress, Holter, Echo)    |
| 53 Neurodiagnostics              | 73 Non-Invasive Cardiology           | 93 Interventional radiology                       |
| 54 Cardiac Cath Lab              | 74 Radiation oncology                | 94 Breast Center                                  |
| 55 Laboratory                    | 75 Pharmacy                          | 95 Environmental services or facilities           |
| 56 Scheduling                    | 76 Transport                         | 96 Other  |

7. Registration/certifications/licenses you hold:

- 97 RT 98 RDCS 99 LPN 100 CVT 101 CIIP 102 RDMS 103 RVT 104 RN  
105 Certified Radiology Administrator (CRA) 106 Other (please specify) \_\_\_\_\_

8. Membership in other organizations:

- 107 ASRT 108 ARIN 109 SDMS 110 CLMA 111 RBMA 112 SIIM 113 SNM  
114 ACHE 115 Other (please specify) \_\_\_\_\_

9. Years of responsibility in level:

- 116 \_\_\_\_\_ Administration/management at one or multiple dept/facilities 117 \_\_\_\_\_ Supervisor  
118 \_\_\_\_\_ Other (please specify) \_\_\_\_\_ 119 \_\_\_\_\_ Chief technologist

10. Current title (please select most relevant):

- 120 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) \_\_\_\_\_