

AHRA Student Membership Application

1 Year Membership Only: **\$90.00** (maximum of 3 years)

Please Note: Official proof of full time enrollment must accompany this application.

You must be enrolled full time in a Radiology or Health Administration BS or Master's program.

**AHRA Education Foundation Voluntary Contribution: \$ _____ + \$90 = 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@ahra.org

Name: _____ Academic Degree: _____

Enrollment Start Date: _____ Expected Completion Date: _____

College/University: _____ Dept/Division: _____

Preferred Mailing Address: College/University Home Date of Birth: _____/_____/_____

College/University Address: _____

City: _____ State: _____ ZIP: _____

College/University 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		Non-Imaging Departments	
39	Diagnostic radiology	51	PACS
40	CT scan	52	Bone densitometry
41	Ultrasound	53	Supply purchasing
42	Angiography	54	Marketing
43	Cardiac catheterization	55	Equipment purchasing
44	Mammography	56	Facility design
45	Magnetic resonance imaging	57	Pharmacy
46	Nuclear Medicine	58	Rehabilitation
47	Radiation therapy/oncology	59	Endoscopy
48	Radiology support, services (e.g. film library)	60	Cardiopulmonary
49	Education (R.T. program)	120	Fusion Imaging
50	PET	121	Molecular Imaging
		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

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 (<i>specify</i>) _____		

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 (<i>specify</i>) _____
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 (<i>please specify</i>) _____