

## International Group Membership Application

Number of Full Memberships <i>(One Year Membership)</i>	Cost	Cost for ea. Additional Membership <i>(after first one – accounted for at left)</i>
<b>1</b>	<b>\$200.00</b>	<b>\$85.00</b>

### HOSPITAL INFORMATION

Hospital System/Group:	Company/Hospital:	
Department:	Address:	
City/Province:	Country:	Zip:
Phone:	Fax:	
Website:		

### MAIN CONTACT INFORMATION

**Please Note: If the Main Contact person below will also be joining AHRA their information must also be entered in the 'AHRA MEMBERS' section.**

Name:	Title:	
Company/Hospital:	Department:	
<input type="checkbox"/> Please check here if Main Contact address is same as above for Hospital (you do not need to re-enter)		
Address:		
City/Province:	Country:	ZIP:
Phone:	Fax:	
Email:		

### AHRA MEMBERS

Please provide the following information for EACH staff member partaking in this AHRA International Group Membership

**\*Note: the first individual below will receive the print edition of *Radiology Management*. All others will receive access to the digital edition only.**

<b>*1.</b> Name:	Title:
Email:	

**\*will receive print version of *Radiology Management***

### ADDITIONAL MEMBERS

Additional members (from the same hospital) may be added for \$85.00 per person.

Please provide the following information for EACH additional staff member and include additional dues in payment.

Note: the following individuals will receive access to the digital edition of *Radiology Management* only.

Please add **\$85.00** to dues total for this additional member

Name:	Title:
Email:	

**▶ PLEASE CONTINUE TO PAGE TWO**

## International Group Membership Application

### ADDITIONAL MEMBERS (continued; if applicable)

Additional members (from the same hospital) may be added for \$85.00 per person.

Please provide the following information for EACH additional staff member and include additional dues in payment.

Note: the following individuals will receive access to the digital edition of *Radiology Management* only.

Please add **\$85.00** to dues total for this additional member

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Please add **\$85.00** to dues total for this additional member

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Please add **\$85.00** to dues total for this additional member

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Please add **\$85.00** to dues total for this additional member

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

### PAYMENT INFORMATION

\*Please Note: One Year of Membership is Mandatory

Dues Amount (1 <sup>st</sup> Membership):	<b>\$ 200.00</b>
Additional Membership Dues Total (\$85.00 per person):	+ \$ _____
*AHRA Education Foundation Voluntary Contribution:	\$ _____

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

Check (*payable to AHRA*) in the amount of \$ \_\_\_\_\_ enclosed

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

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please fill out the demographic information on the following page.**

**Return original form with payment to: AHRA, 490-B Boston Post Road, Suite 200, Sudbury, MA 01776**

Questions? Please call Toll-Free (800) 334-2472 (US only) or (978) 443-7591, or fax (978) 443-8046, Website: [www.ahraonline.org](http://www.ahraonline.org)

## International Group Membership Application

**Return this form with dues to: AHRA, 490-B Boston Post Road, Suite 200, Sudbury, MA 01776**

**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
61	PET	64	Mobile Services
62	Imaging department(s) in other facilities	65	Radiologist Practice
63	Satellite	66	Breast Center
		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 (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. Years of Responsibility in Level:**

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) _____