



the association for medical imaging management

AHRA Membership Application

Year 1 Dues/Application Fee:	\$220.00 (1 year)
Two-Year Dues/Application Fee:	\$350.00 (save \$30!)
*Monthly Dues:	\$41.25(1 st 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

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: _____ Fax: _____

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 **\$41.25, for the first payment**, and \$16.25 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 <input type="checkbox"/> DR/CR | 54 <input type="checkbox"/> PACS | 70 <input type="checkbox"/> Centralized transportation |
| 38 <input type="checkbox"/> CT | 55 <input type="checkbox"/> Bone densitometry | 71 <input type="checkbox"/> Quality Improvement |
| 39 <input type="checkbox"/> Ultrasound | 56 <input type="checkbox"/> Inventory planning/purchasing | 72 <input type="checkbox"/> Laboratory services |
| 40 <input type="checkbox"/> Angiography | 57 <input type="checkbox"/> Marketing | 73 <input type="checkbox"/> Cardiac catheterization |
| 41 <input type="checkbox"/> Equipment planning/purchasing | 58 <input type="checkbox"/> Respiratory therapy | 74 <input type="checkbox"/> Compliance |
| 42 <input type="checkbox"/> Mammography / Breast Imaging | 59 <input type="checkbox"/> Construction/renovation/design | 75 <input type="checkbox"/> Urgent care |
| 43 <input type="checkbox"/> MRI | 60 <input type="checkbox"/> Pharmacy | 76 <input type="checkbox"/> Vascular lab (non invasive) |
| 44 <input type="checkbox"/> Nuclear Medicine | 61 <input type="checkbox"/> Rehabilitation | 77 <input type="checkbox"/> Fusion imaging |
| 45 <input type="checkbox"/> Radiation therapy/oncology | 62 <input type="checkbox"/> Endoscopy | 78 <input type="checkbox"/> Molecular imaging |
| 46 <input type="checkbox"/> Cardiopulmonary | 63 <input type="checkbox"/> Outpatient imaging centers | 79 <input type="checkbox"/> Coding |
| 47 <input type="checkbox"/> Education (RT program) | 64 <input type="checkbox"/> Mobile Services | 80 <input type="checkbox"/> Interventional radiology |
| 48 <input type="checkbox"/> PET, PET/CT | 65 <input type="checkbox"/> Budgeting, billing, reimbursement | 81 <input type="checkbox"/> Workforce planning |
| 49 <input type="checkbox"/> Purchasing department | 66 <input type="checkbox"/> Medical physics | 82 <input type="checkbox"/> RIS/HIS |
| 50 <input type="checkbox"/> Mobile Services | 67 <input type="checkbox"/> Centralized Scheduling | 83 <input type="checkbox"/> X-ray |
| 51 <input type="checkbox"/> Radiation safety | 68 <input type="checkbox"/> Results reporting | 84 <input type="checkbox"/> Radiology support services (e.g. film library) |
| 52 <input type="checkbox"/> EMR/EHR | 69 <input type="checkbox"/> Voice recognition | 85 <input type="checkbox"/> Cardiology (i.e. EKG, stress, Holter, Echo) |
| 53 <input type="checkbox"/> Neurodiagnostics | 69 <input type="checkbox"/> Non-Invasive Cardiology | 69 <input type="checkbox"/> Interventional radiology |
| 69 <input type="checkbox"/> Cardiac Cath Lab | 69 <input type="checkbox"/> Radiation oncology | 69 <input type="checkbox"/> Breast Center |
| 69 <input type="checkbox"/> Laboratory | 69 <input type="checkbox"/> Pharmacy | 69 <input type="checkbox"/> Environmental services or facilities |
| 69 <input type="checkbox"/> Scheduling | 69 <input type="checkbox"/> Transport | 69 <input type="checkbox"/> Other |

7. Registration/certifications/licenses you hold:

- 86 RT 87 RDCS 88 LPN 89 CVT 90 CIIP 91 RDMS 92 RVT 93 RN
94 Certified Radiology Administrator (CRA) 95 Other (please specify) _____

8. Membership in other organizations:

- 96 ASRT 97 ARIN 98 SDMS 99 CLMA 100 RBMA 101 SIIM 102 SNM
103 ACHE 104 Other (please specify) _____

9. Years of responsibility in level:

- 105 _____ Administration/management at one or multiple dept/facilities 107 _____ Supervisor
106 _____ Other (please specify) _____ 108 _____ Chief technologist

10. 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) _____