



the association for medical imaging management

2019-2020 EMERITUS STATUS APPLICATION

Member ID #	
Name	
Home Address	
City	
State	
Zip	
Phone	
E-mail	

Please confirm that you meet the following eligibility requirements for AHRA Emeritus membership:

- I have been an active AHRA member for at least 15 years and am currently a member
- I am no longer employed in healthcare:
 - I'm retired.
 - I now work in: _____

Registration/Certifications/Licenses you hold:

CRA RT LPN RDMS RN RDCS
 CVT RVT Other (please specify): _____

Age Range:

36-40 41-45 46-50 51-55 56-60 60+

Membership in other organizations:

ASRT CLMA ARNA RBMA SDMS SCAR
 Other (please specify): _____

Signature: _____

Date: _____

PLEASE NOTE: Emeritus Status must be renewed annually

Subscription to Radiology Management: \$50

- Check/money order enclosed, payable to AHRA
 - Please charge \$ _____ to my: Visa MasterCard American Express Discover
- Card #: _____ Expiration Date: _____/_____/_____

Please return this completed application to AHRA. Thank you.

AHRA
 490-B Boston Post Rd. Suite 200
 Sudbury, MA 01776
 Fax 978-443-8046
 Email: memberservices@ahra.org