



ASSOCIATION OF COLLEGIATE EDUCATORS IN RADIOLOGIC TECHNOLOGY

P.O. Box 150287

OGDEN, UT 84415-0287

http://acert.org

Federal Tax ID #26-4794233

ASSOCIATE MEMBERSHIP APPLICATION

OCTOBER 1, 2011 TO SEPTEMBER 30, 2012

Membership Renewal New Membership Application

\$35.00 Associate Membership Fee

Return completed application with \$35.00 fee payable to ACERT.

Last Name First Name, Middle Initial Degree Credentials

Place of Employment

Preferred Mailing Address Is this Employment Address or Home Address?

City State Zip Code

Phone Number (Area Code, Number, Extension) Email Address

Yes No Do you give permission to be listed as an Associate Member on the ACERT web page?

Please check (✓) where appropriate

Credentials

- ARRT
Radiography
Nuclear Medicine
Radiation Therapy
Dosimetry
Mammography
Sonography
MRI
CT
CVT
QM
ARDMS
RDMS
RDCS
RVT
CNMT
CMD
Other

Educational level, Degree

- Certificate
Applied Science
Associate Science
Baccalaureate
Masters
Doctorate
Other

Rank

- Professor
Associate Professor
Assistant Professor
Instructor/Specialist
Other

Position, Title

- Dean
Associate/Assistant Dean
Department Chair
Program Director
Academic Faculty
Adjunct Faculty
Clinical Faculty
Other

Employment

- Four-Year College/University
Junior/Community College
Vocational/Technical College
Academic Health Center/
Medical School
Hospital/Medical Center
Department of Defense
Department of Veterans Affairs
Other

The undersigned supports and upholds the ACERT's Constitution and Bylaws.

Associate Member Signature

Date