

Alamo Area Society of Radiologic Technologists

Membership Application – www.aasrt.org

(12 months AASRT annual dues - \$50 / student*** - \$25)

new member renewal

NAME: _____

STREET: _____ APT: _____

CITY: _____ ST: TX ZIP: _____

EMAIL ADDRESS (print carefully): _____@_____

CELL PHONE: confidential and used only for emergency contact: _____

AASRT dues payable by check or money order to: AASRT, PO Box 29524, SAT 78229-0524

(*** Student application must be accompanied by Program Director verification statement.)

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