



**American Radium Society - New Membership Application**

**11300 W. Olympic Blvd., Suite 600, Los Angeles, California 90064**

**Tel: (310) 437-0581 Fax: (310) 437-0585 Email: [membership@americanradiumsociety.org](mailto:membership@americanradiumsociety.org)**

**Instructions to Applicant: Print or type all of the information below. You are required to have two sponsors forward a completed sponsorship form or letter of support directly to ARS. Sponsors must be members of ARS. If you need assistance finding a sponsor, please contact ARS at the email address above. Attach your current CV with bibliography. Return completed application (with dues payment) to ARS. Application and sponsor forms can be downloaded from [www.americanradiumsociety.org/member.php](http://www.americanradiumsociety.org/member.php).**

Date: \_\_\_\_\_

Type of Membership: (please check one):

- ACTIVE (Dues are \$190.00 for the first year \$275 per year thereafter)
- RESIDENT MEMBER (No dues are required) – Proof of residency letter required from head of dept.  
Current year of Residency \_\_\_\_\_ Anticipated completion date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Department Institution  
Street City/State Zip Code

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Alternate Email Address \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date (mo/day/year): \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Please list all degrees earned below, including honorary degrees and fellowships:

Degree	Conferring Institution	Date

Please list professional training below:

Training	Type	Place	Date
Internship			
Residencies			
Specialty Training/ Fellowship			
Other			

Specialty of Medical Practice: \_\_\_\_\_  
Type Years in Practice % of Total Practice in Oncology

Specialty Board (or Equivalent): \_\_\_\_\_  
Qualification Year of Certification / Certificate #

Hospital (or Professional) affiliations, past and present, with dates: \_\_\_\_\_

Current Academic Title (if any) \_\_\_\_\_ Hospital Title: \_\_\_\_\_

Medical and Professional Societies: \_\_\_\_\_

Teaching Positions: \_\_\_\_\_

State Licensure: \_\_\_\_\_ Number of State License(s): ( )

What part of your activities is devoted to the treatment of patients with cancer, cancer-related research and/or teaching?  
\_\_\_\_\_

Have you attended any meetings of the American Radium Society? \_\_\_\_\_

When? \_\_\_\_\_

Signature of Applicant: