



820 Jorie Blvd, Oak Brook, IL 60523

PHONE: 630-368-3737

FAX: 630-571-2198

### 2015-2016 Member in Training Membership Application

(Revised 5/2015)

First Name \_\_\_\_\_ Middle \_\_\_\_\_

Last Name/Family Name: \_\_\_\_\_ Degree(s) to be published: \_\_\_\_\_

Institution/Hospital: \_\_\_\_\_

Program Address: \_\_\_\_\_ Dept: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail \_\_\_\_\_

**Please check and complete one:**

Residency: \_\_\_\_\_  
(Place) (Dates-include completion date)

Fellowship: \_\_\_\_\_  
(Place) (Dates-include completion date)

If junior faculty, list present academic employment:

\_\_\_\_\_  
(Institution) (Rank) (Month/Year of appointment)

*Note: Junior faculty are eligible for this subsidized classification of membership for the first two years of their first faculty appointment. At the end of that period, the member can apply for full membership according to the Bylaws of the APDR.*

I AGREE TO ABIDE BY THE BYLAWS OF THE ASSOCIATION OF PROGRAM DIRECTORS IN RADIOLOGY AND SUCH CHANGES AND AMENDMENTS AS MAY HERE AFTER BE PROPERLY ADOPTED. A Member in Training is exempt from paying annual dues.

\_\_\_\_\_  
Signature of applicant Date

The above applicant is associated with the teaching program at this institution as indicated above

\_\_\_\_\_  
Signature of Program Director Name of Program Director (Please Type or Print) Date

Please return Application to: APDR Membership Office, 820 Jorie Boulevard, Oak Brook, IL 60523, USA. Or FAX: 630-571-2198. Thank you.