820 Jorie Blvd, Oak Brook, IL 60523
PHONE: 630-368-3737
FAX: 630-571-2198

2015-2016 Membership Application

(Revised 05/2015)

First Name_____ **Last Name**_____ **Middle**_____ Degree: _____

Position: ☐Program Director ☐Co-Director ☐Assistant/Associate ☐Other (*please specify)*:_____

Birthdate (MM/DD/YY):_____ Type of Director (*check one*): ☐Residency ☐Fellowship

Type of Fellowship: *(check one):* ☐Neuroradiology ☐Nuclear Radiology ☐ Pediatric Radiology

☐V-I Radiology ☐ Other (*please specify*):_____

Program Name (ACGME Directory): _____

Program Number (ACGME Directory): _____ Approved for _____(number of res./fellows)

Program Address: _____Dept:_____

City: _____ State: _____ Zip Code:_____

Phone Number:_____ Fax Number: _____ E-mail_____

I am currently a member of *(circle all appropriate organizations):* SCARD AUR AMSER RRA RAHSR ACER

The APDR is incorporated in the state of Illinois under Section 501(c)(3) of the Internal Revenue Code of 1986 as a non-profit corporation exclusively for charitable, educational and scientific purposes.

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.

_____ _____
Signature of applicant Date

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

_____ _____ _____
Signature of Department Chair Name of Department Chair *(Please Type or Print)* Date

PAYMENT INFORMATION (in US funds drawn on a US bank)**:** ☐**Check enclosed** ☐**MasterCard** ☐**Visa**

By sending your check to us, you authorize APDR to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment.

Card Number

Expiration Date (MM/YY)

_____ _____
Signature Name as it appears on card

Please return Application to: APDR Membership Office, 820 Jorie Boulevard, Oak Brook, IL 60523. **Completed form must be accompanied by a $50 application fee and the first year's dues payment of $250 for a total payment of $300 made payable to the APDR.** Thank you.