

Houston Radiological Society

John P. McGovern Bldg.
1515 Hermann Drive
Houston, Texas 77004

Date: _____

Application for Membership

Type: () Active () Associate () Member-in-Physics () Military () Member-in-Training

Name in Full: _____ Degree: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Ph: _____ Fax: _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Medical Education & Date of Graduation:

Graduate Training:

Internship: _____

Radiological: _____

Fellowship: _____

Texas License #: _____ Date Issued: _____

Present Hospital Appointments: _____

Academic Appointments: _____

Certified by American Board of Radiology or Equivalent? () Yes () No Date: _____

Type: _____

Remarks: _____

I agree to accept and abide by the Principles of Ethical Radiological Practice of the American College of Radiology and the Principles of Ethics of the American Medical Association.

Applicant's Signature

Date: _____

Endorsed by: (2 regular members required)

1. _____ 2. _____
Print or Type Name Print or Type Name

1. _____ 2. _____
Signature Signature

Applicants for Active Membership please enclose \$150.00 annual dues.

**Associate-Resident/Fellows are guest of the Society.

Please remit to: Houston Radiological Society Administration Office (address above)
or Fax: (713) 526-1434 Email: LaCoya_Boone@hcms.org

Society Vote: () Accept () Reject Date: _____