



2210 Midwest Road, Suite 207, Oak Brook, IL 60523-8205
Phone: 630/574-0220, ext. 226 ♦Fax: 630/574-0661♦Website: www.wnrs.org

MEMBERSHIP INFORMATION AND APPLICATION

Before completing this application, determine which of the following best describes you:

- ♦ **Current member of ASNR, ASFNR, ASHNR, ASPNR, or ASSR-** complete sections 1,2 and 8, and provide prorated dues.
- ♦ **Not a member of ASNR, or any of the other societies listed above-** complete the *entire* application, include required documentation, and prorated dues.

Society Geographic Boundaries

The WNRS geographic boundaries are defined as the states of Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, the Canadian provinces of Alberta and British Columbia, and Mexico.

Society Objectives

1. To develop and support standards for the training and practice of neuroradiology in the community.
2. To encourage research in radiology and the neurosciences as they apply to neuroimaging.
3. To stimulate the development of equipment, instrumentation and products designed to fill the needs of the neuroradiologist.
4. To promote a closer fellowship and exchange of ideas among neuroradiologists and those radiologists involved in the interpretation of neuroradiologic studies.
5. To provide a format for education and the dissemination of ideas in the field of neuroradiology in the form of educational meetings and symposia.

Categories and Qualifications

Senior...shall be a radiologist certified by the American Board of Radiology, The Royal College of Physicians and Surgeons of Canada, The American Osteopathic College of Radiology, or other Board or Tribunal which, in the judgement of the Executive Committee, is of equivalent rank, and have completed by July 1 following the first annual meeting after becoming a member, one of the following:

1. Two years of fellowship training under the supervision of a WNRS *Senior* member, an ASNR *Senior* member, or a neuroradiologist possessing a Subspecialty Certification in Neuroradiology (formerly CAQ) in an institution with an approved radiology residency program.
2. One year of formal fellowship training in neuroradiology and a second year of experience primarily in neuroradiology, and/or subspecialized area of neuroradiology under the supervision of a WNRS *Senior* member, an ASNR *Senior* member, or a neuroradiologist possessing a Subspecialty Certification in Neurodiology (formerly CAQ) in an institution with an approved radiology residency program.
3. One year of formal fellowship training in neuroradiology under the supervision of a WNRS *Senior* member, an ASNR *Senior* member, a neuroradiologist possessing a Subspecialty Certification in Neurodiology (formerly CAQ) in an institution with an approved radiology residency program and three years of subsequent radiology practice during which 50% of the practice time is documented in neuroradiology.
4. Subspecialty Certification in Neuroradiology (formerly CAQ) and four years of subsequent radiology practice during which 50% of the practice time is documented in neuroradiology.
5. The Membership Committee and Executive Committee will consider those applicants with equivalent training and experience who trained outside the United States.

Applicants for *Senior* membership shall be engaged in active practice of neuroradiology and/or a subspecialty of neuroradiology within the defined geographic boundaries of the Society, devoting at least 50% of the practice time (exclusive of administrative duties) to neuroradiology.

Associate...shall be other radiologists, or other physicians or scientists, with an acknowledged interest in, or who have made outstanding contributions to neuroradiology, or are located outside the defined geographic boundaries of the Society.

Corresponding...shall be WNRS *Senior* members in good standing who no longer practice within the defined geographic limits of the Society. They shall have the rights and responsibilities of WNRS *Senior* members, except for voting, holding office and serving on committees. Likewise, former WNRS *Senior* members may apply for *Corresponding* membership, if they have moved out of the defined geographic boundaries of the Society.

Member-in-Training... shall be individuals who are currently participating in a full-time ACCME-accredited neuroradiology training program.

Please read the following information carefully, to determine whether you need to provide sponsors or additional documents.

If you are a member of ASNR, ASFNR, ASHNR, ASPNR, or ASSR:

1. Complete sections 1,2 and 8 of the Membership Application
2. Include prorated membership dues (which includes an application fee)
3. If applying for *Senior* status, submit a copy of Radiology Board or Subspecialty Certification certificate

Applicants who are not members of ASNR, ASFNR, ASHNR, ASPNR, or ASSR must include each of the following:

- ◆ Completed Membership Application
- ◆ Two (2) sponsor letters from a WNRS *Senior* member (or the equivalent from the ASNR, ASFNR, ASHNR, ASPNR, or ASSR) who are familiar with, and able to substantiate, the reputation and qualifications of the applicant.
- ◆ Current curriculum vitae
- ◆ Copy of Radiology Board or Subspecialty Certification certificate, if applying for *Senior* status.
- ◆ Prorated membership dues (which include an application fee)

Membership Benefits

- Membership certificate
- Membership mailings
- Reduced registration fee to attend the WNRS Annual Meeting
- Right to vote and serve on WNRS Committees (*Senior* and *Associate* members only)

◆ Prorated Membership Dues ◆

| Prorated dues include application fee. | | 1 st Qtr. | 2 nd Qtr. | 3 rd Qtr. | 4 th Qtr. * |
|--|------------------------------|----------------------|----------------------|----------------------|------------------------|
| Category | Annual Dues | Jan-March | Apr-June | July-Sept | Oct-Dec |
| <i>Senior/Associate/Corresponding</i> | \$115 + \$75 application fee | \$190 | \$161 | \$132 | \$190 |
| <i>Member-in-Training</i> | \$0 | \$0 | \$0 | \$0 | \$0 |

*When dues are paid during the 4th Quarter, membership is valid through the end of the following calendar year.

Membership Application Deadline

If you wish to register for the WNRS Annual Meeting at the WNRS Member fee, your completed application, including required documentation and prorated dues, must be received at least one month prior to the start of the Annual Meeting. Visit www.wnrs.org for meeting dates. If you will not be attending the meeting, no application deadline applies.



MEMBERSHIP APPLICATION
(please legibly print or type all information)

Indicate category applying for: Senior Associate Corresponding Member-in-Training

1. Applicant's name _____
First/Middle/Last/Degree

Institution _____ Home address _____

Address _____

Phone (_____) _____

Phone (_____) _____ Fax (_____) _____

Fax (_____) _____

Email _____

Indicate preferred mailing address at to receive Society mailings: Home Work

2. Indicate all of the following societies of which you are a current member:

____ ASNR ____ ASFNR ____ ASHNR ____ ASPNR ____ ASSR

IMPORTANT:

- ◆ **If you are a member of any of the societies listed under #2 (above),** proceed to # 8... sign and date the application, and provide the appropriate amount of prorated dues -- you do NOT need to complete sections 3-7 of this application. **If applying for Senior status, provide a copy of your Radiology Board or Subspecialty Certification certificate.**
- ◆ **If you are NOT a member of any of the societies listed under #2,** you *must* complete the entire application, provide the required documentation and appropriate prorated dues. Incomplete applications will not be processed.

3. Sponsors: Applicants must be sponsored in writing by two (2) WNRS Senior Members, or the equivalent for ASNR or an ASNR-managed specialty society listed above.

Sponsor 1 _____ Sponsor 2 _____

Institution _____ Institution _____

Phone (_____) _____ Phone (_____) _____

E-mail _____ E-mail _____

4. Postgraduate Education

a. Diagnostic Radiology

1) Institution _____ Dates ____ to ____

Program Director Name _____ Phone: (_____) _____

2) Institution _____ Dates _____ to _____

Program Director Name _____ Phone:(____) _____

b. Neuroradiology Fellowship

1) Institution _____ Dates _____ to _____

Program Director Name _____ Phone: (____) _____

2) Institution _____ Dates _____ to _____

Program Director Name _____ Phone:(____) _____

5. Board Certification Yes No _____
Certifying Board (e.g. American Board of Radiology) _____ Date _____

6. Subspecialty Certification (Neuroradiology CAQ) Yes No _____
Date _____

7. State License

| | | |
|-------|--------|------------|
| _____ | _____ | _____ |
| State | Number | Expiration |
| _____ | _____ | _____ |
| State | Number | Expiration |
| _____ | _____ | _____ |
| State | Number | Expiration |

• Has Your License Ever Been Revoked or Suspended? Yes* No
* If "Yes", attach explanation

• Current Practice Description _____

8. Applicant's Signature _____ Date _____

◆ IMPORTANT ◆

Members of ASNR, ASFNR, ASHNR, ASPNR, or ASSR, must submit the following:

1. Application (**only** provide information for **sections 1, 2 and 8 on the application**)
2. Prorated membership dues (includes application fee)
3. Copy of Radiology Board or Subspecialty Certification certificate, if applying for *Senior* status

All other applicants must provide:

4. Application (completed in its entirety)
5. Two (2) Sponsor letters (refer to Sponsorship information)
6. Current Curriculum Vitae
7. Copy of Radiology Board or Subspecialty Certification certificate, if applying for *Senior* status
8. Prorated membership dues (which include the application fee for *Senior* status)

◆ Prorated Membership Dues ◆

| Prorated dues include application fee. | | 1 st Qtr. | 2 nd Qtr. | 3 rd Qtr. | 4 th Qtr. * |
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Membership Application Deadline

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Return completed application, required documentation, and prorated membership dues to:

Western Neuroradiological Society, 2210 Midwest Road, Suite 207, Oak Brook, IL 60523-8205
Phone: 630/574-0220 ext. 226; Fax: 630/574-0661; Email: kcammarata@asnr.org; Website: www.wnrs.org



Credit Card Authorization Form

Please legibly print or type all information below, and submit this form with your membership application. **All non-U.S. applicants are required to pay their *prorated* membership dues and application fee by credit card using this form.** Payment must accompany the application.

U.S. applicants may elect to pay by either check (made payable to the WNRS) or credit card, using this form.

Applicant's Name: _____

Institution/Affiliation: _____

Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Country (if other than U.S.): _____

Billing address, if different from above: Check one *Home* *Institution* *Business Office*

Institution/Affiliation: _____

Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Country (if other than U.S.): _____

◆ Prorated Membership Dues ◆

| Prorated dues include application fee | | 1 st Qtr. | 2 nd Qtr. | 3 rd Qtr. | 4 th Qtr.* |
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Indicate which *prorated* membership dues and application fee you are paying: _____

Credit Card (check one): _____ American Express _____ MasterCard _____ Visa

Card Number: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature: _____

If paying by credit card, this form must be included with your membership application. Return application and this form to:

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