ARRS
Your Medical Imaging Society
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Request for Emeritus Membership

Emeritus membership status may be granted upon written request to the Chair of the Membership committee, subject to approval of the Executive Council. Retired members must be retired from active practice and have been an ARRS member in good standing for ten or more consecutive years.

Name:_____
First Middle Last

Mailing Address:_____

City:_____ State: _____

Postal Code:_____ Country:_____

Telephone #: _____

Email Address: _____

Date of Retirement: _____

This is to state that I have retired from active practice and have been an ARRS member in good standing for ten or more consecutive years. Emeritus members who return to practice may be restored to their prior membership status upon written request and approval.

Print Name: _____

Signature: _____ Date:_____

Print and Mail or Fax to: ARRS
44211 Slatestone Court
Leesburg, VA 20176
Telephone: 703-729-3353 or 1-866-940-2777
Fax: 703-729-4839
Email: membership@arrs.org