ASSOCIATION OF PROGRAM DIRECTORS IN RADIOLOGY
820 JORIE BLVD, OAK BROOK, IL 60523
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COORDINATING MEMBERSHIP

2010-2011 APPLICATION FOR APCR MEMBERSHIP

Coordinating Members: Criteria for eligibility for coordinating membership will be appointment as a program coordinato medical education program in any residency program in Diagnostic Radiology, Nuclear Medicine, or radiological subspecialty. Others who have an active role as a coordinator or an administrator in radiology education may apply. Coordinating Members shall pay dues and retain all of the rights and privileges of active members, but shall not hold office, vote, or receive the official journal of the association, *Academic Radiology*.

Coordinating Members will automatically be members of the Association of Program Coordinators in Radiology (APCR) and may hold office and retain voting privileges within the APCR, according to the APCR Rules of Operation.

Last Name_____ First Name_____ Middle_____

Applicant's Position: _____ Program Coordinator _____ Other (*please specify*):_____

In the (*check one*): Residency: ____
Fellowship:_____ Type of Fellowship: *(check one):*
____ Neuroradiology ____ Nuclear Radiology
____ Pediatric Radiology ____ V-I Radiology
____ Other (*please specify*):_____

Program Type: ____Categorical ____Preliminary ____Advanced ____University _____Private _____Military

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: _____

Are you replacing a current APCR Member? _____ If yes, name_____

Birthday: _____ (month and day) Work Anniversary: _____

The APDR is incorporated in the state of Illinois under Section 501© (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 Program Director Name of Program Director *(Please Print)* Date

☐ Enclosed is my check payable to APDR (US funds drawn on a US bank) for Member Dues
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.

☐ Please charge my Member Dues to the following:
☐ MasterCard ☐ Visa Credit Card # _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Please return completed application with your $75 dues payment to:
Membership Services – APDR – 820 Jorie Boulevard, Oak Brook, IL 60523