

**ASSOCIATION OF PROGRAM DIRECTORS IN RADIOLOGY**  
 820 JORIE BLVD, OAK BROOK, IL 60523  
 PHONE (630) 368-3737 FAX (630) 571-7837 E-MAIL APDR@RSNA.ORG



**COORDINATING MEMBERSHIP**

**2008-2009 APPLICATION FOR APCR MEMBERSHIP**

**Coordinating Members:** Criteria for eligibility for coordinating membership will be appointment as a program coordinator in a graduate 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 \_\_\_\_\_

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 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**