



ASSOCIATION OF PROGRAM DIRECTORS IN RADIOLOGY

820 JORIE BLVD, OAK BROOK, IL 60523, USA

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2010-2011 INTERNATIONAL APPLICATION FOR MEMBERSHIP

(Revised 01/2011)

First Name _____ Middle _____

Last Name/Family Name: _____

Degree(s) to be pulished: _____

Applicant's Position: Program Director Co-Director Asst./Assoc. Director Other

If other, please specify: _____ Birth date (mm/dd/yy): _____

Type of Director (check one): Fellowship Residency/Training

Type of Fellowship: (check one):

Neuroradiology Nuclear Radiology Pediatric Radiology

V-I Radiology Other (please specify): _____

Approved for _____ (number of res./fellows)

Program Address: _____ Dept: _____

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

Country: _____

Phone Number: _____ Fax Number: _____ E-mail _____

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 Department Chair _____ Name of Department Chair (Please Type or Print) _____ Date _____

PAYMENT INFORMATION (in US funds drawn on a US bank): **Check enclosed** **MasterCard** **Visa**

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.

Account Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____
(Print name)

Please return Application to: Membership Services, APDR, 820 Jorie Boulevard, Oak Brook, IL 60523, USA. **Completed form must be accompanied by a \$50 application fee and the first year's dues payment of \$190 for a total payment of \$240 made payable to the APDR.** Thank you.