

# Houston Radiological Society Membership Application Form

**Instructions:** Print this form, fill in requested information, and mail with check for payment to Sandy King, Houston Radiological Society 1515 Hermann Drive Houston Texas 77004. Thank you.

Name:	Degree:	Date:
Date & Place of Birth:	Citizenship:	
Office Address:	City/State/Zip:	
Home Address:	City/State/Zip:	
S.S.#:	Fax#:	Email:

Medical Education/Medical School:

Date of Degree: Degree:

Graduate Training	Type	Institution	Dates
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Internship:

Radiology Residency:

Fellowship:

Texas State License Number:

Previous Radiologic Practice(s):

Present Hospital Appointments:

### Certification by American Board of Radiology or Equivalent

Type: Dates:

I agree to accept and abide by the Principles of Ethical Radiological Practice of the American College of Radiology and the Principles of Ethics of the American Medical Association.

*Applicant's Signature* Date

- Active     Associate     Members-in-training     Military

Applicants for **Active** or **Associate Membership** please enclose \$150.00 annual dues.

Application to be signed by two active members of the Houston Radiological Society.

*Member Signature* Date

*Member Signature* Date

Houston Radiological Society  
1515 Hermann Drive Houston Texas 77004  
Telephone: 713-524-4267  
Fax: 713-526-1434