

SCARD

Society of Chairs of Academic Radiology Departments
2008-2009 Membership Application

What is the current status of your residency program (check the one that applies)?

Fully accredited by ACGME

Provisionally accredited by ACGME

Probation

Not Accredited

Date of last ACGME decision on your program's status? _____

Name of your residency program director: _____

Number of approved residency slots per year: _____

Dues must accompany application when submitted. Membership dues are \$1,000 (Active Membership) or \$150 (Canadian Membership).

Enclosed is my check payable to SCARD for Membership Dues

By sending your check to us, you authorize SCARD 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 that we receive your payment.

Please charge my Membership Dues to the following:

MasterCard Visa

Credit Card # _____ Exp. Date: _____

Name on Card: _____ Signature: _____

SCARD • 820 Jorie Boulevard, Oak Brook, IL 60523
Phone: (630) 368-3731 Fax: (630) 571-7837
Email: SCARD@rsna.org