

Eastern Radiological Society
APPLICATION FOR MEMBERSHIP

Date _____

Name _____ Nick name _____

Address: _____

Spouse _____

Telephone:

Business _____

Home _____

Cell _____

Email Address _____

Professional reference _____

Residency Institution _____ - _____

Fellowship Institution _____

Current Institution _____

Current position _____

Areas of Interest in Radiology _____

Remarks:

Signature of Applicant _____

This Application must be signed by the applicant and then returned to the secretary

Letters from the sponsor should be sent directly to the secretary:

Secretary

Chuck Dietz, MD
469 Valleywood Circle
Golden Valley, Mn
55422

OR: Email -- dietz004@umn.edu