



The Hawaii Society of Radiologic Technologists
P.O. Box 23096 • Honolulu, HI • 96823-3096
www.hsrt.org

HSRT MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____ M.I. _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Island: _____

Home Phone: _____ Business Phone: _____ Fax: _____

Email Address: _____

Place of Employment: _____

Certification(s) / Membership(s):

Currently registered by ARRT Registry No.: _____ Other Certification(s): _____

Hawaii State License License No.: _____ Other State License(s): _____

Currently member ASRT ASRT No.: _____ Other Organizations(s): _____

Membership Dues:

Annual Dues \$ 30.00

New Membership \$ 35.00

Student Membership \$ 10.00

Amount Enclosed _____

Make check payable to HSRT

Mail application and check to:

The Hawaii Society of Radiologic Technologists
P.O. Box 23096
Honolulu, HI 96823-3096

Are you interested on serving on a committee or running for an elected office? Yes No

MEMBERSHIP FOR HSRT EXPIRES JUNE 30TH OF EACH YEAR

I hereby apply for membership into The HAWAII SOCIETY OF RADIOLOGIC TECHNOLOGISTS and, if accepted, agree to support the bylaws of the Society and promote the mission of this organization as outlined.

Signature: _____ Date: _____

For office use only: Date Rec'd: _____ Check No.: _____ Cash: _____