

General Membership Application MIRS – 2012

This information is collected for use by MIRS officers only and will not be shared with anyone outside of this organization.

Please fill out this form, print, and mail it in with a check made payable to MIRS. Additional information is provided below.

Applicant Name:

(Last name)

(First name)

(M.I.)

What is your professional status?

 MD DO

Mailing Address:

City/State/Zip:

Daytime Phone:

Hospital Affiliation:

E-mail Address:

(MIRS program updates will be sent via e-mail)

Please **DO NOT** put me on the MIRS email list.

For applicants applying for professional membership please fill out the following three boxes:

Medical School:

Radiology Residency:

VIR Fellowship:

Where did you here about MIRS?

 MIRS Mailing Vendors Representative From a Colleague From the Internet Other:

Please mail this membership form and a check payable to MIRS for \$225.00 (\$250 after 9/29/2012) to:

Attn: Donnell Williams
Arkansas Children's Hospital
Department of Radiology, Slot 105
Little Rock, AR 72202

Please note that the 2012 Annual MIRS meeting fees are included in the dues payment. Unfortunately, the increase in the meeting/dues fee was necessary in order to meet the escalating meeting costs.

Have you attended a MIRS conference before?

Yes No

Do you plan to attend the 2012 Annual MIRS Meeting October 20-21, 2012?

Yes No

Questions should be directed to Donnell Williams at 501-364-4914 or williamsdonned@uams.edu