



Society of Radiographers of Trinidad & Tobago

(A Member Country of the International Society of Radiographers and Radiological Technologists)

Membership Application Form

REG No:

LAST Name: _____ **DOB:** ___/___/_____

FIRST Name: _____ **SEX:** M F

PLACE OF EMPLOYMENT / Hospital; Company; Institution

_____ **Private/RHA:** _____
state which RHA

Mailing Address:

Telephone :

_____ work
 _____ fax
 _____ home
 _____ cell

Email Address: _____ **Country of Birth:** _____

Year Qualified: _____ **Radiographers' Board Registration No:** _____

Please select your area(s) of practice:

	Primary	Secondary
Radiography	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
Echocardiography	<input type="checkbox"/>	<input type="checkbox"/>
Interventional	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Management	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Please state

*** Membership Dues:**

Active	<input type="checkbox"/> \$50	Payment method:
Associate	<input type="checkbox"/> \$20	Cash <input type="checkbox"/>
Inactive	<input type="checkbox"/> \$20	Cheque <input type="checkbox"/>
Student	<input type="checkbox"/> \$20	
New	<input type="checkbox"/> \$60	
Honorary	<input type="checkbox"/> \$0	

Dues are in Trinidad & Tobago Dollars

***Membership Description:**

- **Active:** Currently active in the profession
- **Associate/Honorary:** Not eligible to vote
- **Inactive:** Eligible to vote, no longer practicing in the field
- **Student:** Not eligible to vote, enrolled in a Radiological Technology Program
- **New Member:** Graduate, currently active in the profession and seeking membership for the first time.

I certify the above information is true: _____

Member's Signature

Website: www.soradtt.com

Email us at: soradtt@yahoo.com ; soradtt@gmail.com ; info@soradtt.com

Phone us at: 1- (868)-460-0785

Mail form to: c/o The Radiology Department • Port of Spain General Hospital • Charlotte Street • Port of Spain • Trinidad •

_____/_____/_____
 Date