

# The Society of Uroradiology

## Application for Membership

The information below will be printed in the Online Membership Directory. Please print clearly to assure accuracy.

Check here to have your contact information omitted from the SUR membership online directory

Name \_\_\_\_\_

Degree \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### **Educational Information**

Medical School(s) Attended: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Radiology Residency: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Radiology Fellowship (if applicable): \_\_\_\_\_

Type of Fellowship: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Board Certified by: \_\_\_\_\_ Date: \_\_\_\_\_

### **Additional Information**

Documentation of involvement in urinary tract imaging (division head, responsible for residency teaching, publications, etc) \_\_\_\_\_

Are there residents at one or more of the hospitals where you practice? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there residents in your specialty at your institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

***Please attach a current Curriculum Vitae.***

- Membership dues must accompany the application when submitted. Please attach check or complete credit card information. Credit Card and check payments **will not be processed** until applicant is approved by the SUR Membership Committee.
- Please return this completed form to the SUR Administration Office via email, fax or mail.

The Society of Uroradiology  
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Houston, TX 77027  
E-mail [sur@meetingmanagers.com](mailto:sur@meetingmanagers.com)  
Phone: 713.965.0566 Fax 713.960-0488

### CREDIT CARD INFORMATION

\_\_\_\_ American Express      \_\_\_\_ MasterCard      \_\_\_\_ Visa

CC Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code (3-4 digits) \_\_\_\_\_

Cardholder's  
Name \_\_\_\_\_  
(as it appears on the card)

Cardholder's  
Signature \_\_\_\_\_