

The Society of Uroradiology



Application for Fellow Membership

You must be an Active Member to apply for Fellowship status.

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

Name _____ Degree _____

Business Address _____

Home Address _____

Business Phone _____ Home Phone _____

Fax _____ Email _____

Spouse _____ Year joined SUR _____

List your five (5) publications on genitourinary topics, excluding case reports and technical notes, published in the past eight years. Enclose one copy of each publication.

1. _____

2. _____

3. _____

4. _____

5. _____

Names of two Fellows of the SUR who have agreed to support this application.

1. _____ 2. _____

What is your role in the residency program at your institution? _____

Have you attended prior SUR meetings? _____ When? _____

Have you been a speaker or served on a SUR committee? (Describe) _____

Please return this completed form to the SUR administrative office at the address below.

**The Society of Uroradiology
c/o International Meeting Managers, Inc.
4550 Post Oak Place, Suite 342
Houston, Texas 77027**