

The Society of Uroradiology



Application for Training Membership

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

Name _____ Degree _____

Contact Information:

Address: _____

City, State, ZIP _____

Phone: _____ Fax: _____

Email: _____

Spouse (optional) _____

Residency Training Dates of training _____ (include anticipated completion date)

Specialty _____ Institution _____

Fellowship Training Dates of training _____ (include anticipated completion date)

Specialty _____ Institution _____

Board Certification: _____ Yes _____ No

Certifying Body _____ Date of certification _____

The SUR does not require member sponsorship for the Member in Training category, however, let us know whether your decision to join was influenced by a member of the SUR: Member name: _____

Affidavit: I am currently in training in an approved residency or fellowship. I recognize that the Membership in Training category in the Society of Uroradiology is only valid during my training and that I will be expected to change my membership status after finishing my training.

Signature _____ Date _____

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

The Society of Uroradiology
4550 Post Oak Place, Suite 342
Houston, Texas 77027
Phone: 713.965.0566
Fax: 713.960.0488