

The Society of Uroradiology



Training Membership Information

The Society of Uroradiology was incorporated in 1974. Its primary purpose is to promote interest in the imaging of the genitourinary tract with emphasis upon the integration of roentgenology, sonography, computed tomography, magnetic resonance imaging, interventional procedures and nuclear medicine.

In 1995, the SUR changed its by-laws and mission statement, opening its membership to all physicians and scientists with an interest in the practice, teaching and research of genitourinary imaging. In 2005, the bylaws were expanded again, this time to invite residents and fellows with an interest to join. The SUR meets annually, holds a scientific session and sponsors an educational course.

Application Instructions

An applicant for Training membership should simply have an expressed interest in genitourinary imaging and be in a radiology residency or fellowship program. Training members are not assessed annual dues, and do not vote or serve as voting members of standing committees.

1. The applicant for Training membership shall complete and submit the attached form, with a letter from the residency or fellowship director documenting that the individual is in good standing in the training program.
2. The applicant shall practice in an institution with a residency in the applicant's field

Please send completed application to the SUR administrative office.

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

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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, with a letter from your residency or fellowship director documenting that you are in good standing in the training program 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
Email: info@uroradiology.org