

Membership Form

Please fill out and enclose with your \$12, \$25, or \$50 annual dues in an envelope.
Make checks payable to RSNA

Mail to: RSNA, P.O. Box 65990, Albuquerque NM 87193



Name: _____

Address: _____

Phone: _____ Cell: _____

Email Address: _____

_____ \$12 _____ \$25 _____ \$50 _____ Other amount given above \$50