

Colorado Mammography Society New Application for Active Membership

Technologists in good standing with the American Registry of Radiologic Technologists

Step 1 – Tell us about you

You	Facility Where You Work
Name:	Name:
Street Address:	Street Address:
City/State/Zip Code:	City/State/Zip Code:
Phone:	Phone:
Email:	Email:
Certified in (Circle all that apply): Radiology Mammography Other (Please specify): _____	Position Title (Circle most appropriate) : Staff Technologist Mammographer Educator Director/Manager/Supervisor
ARRT Number/Date Certified:	Your Mammography Date Certified:
Referred by (Must be an active member):	

Step 2 – Chose your membership by circling your option and sign your application

Type of Membership	Cost	Cost
One year membership -\$24 for 12 months	\$24.00 You recoup this if you go to one conference - - discount is \$25 if you go to two, you save even more	\$24.00
ADD Option 1--Upgrade to Two year membership	Add second year for \$22.56 6% discount – if you attend four conferences, you save +\$50	\$46.56
OR ADD Option 2--Upgrade to Three year membership	Add two years for just \$42.72 11% discount if you attend six conferences you save + \$80	\$66.72

I the undersigned hereby make application for membership in the Colorado Mammography Society and agree to support the bylaws of the Society and of my chosen profession. I have enclosed my dues with this application. I understand that I shall be entitled to the rights and privileges of membership according to my classification in the bylaws of the Society.

Signature/Date: _____

Step 3 – Prepare a check and mail

If you have questions about CMS membership, please email shelly.stellwagen@gmail.com. Please mail your completed application and a check made out to Colorado Mammography Society to Shelly Stellwagen, CMS Membership coordinator

(Cut on dotted line for convenient mailing label and affix firmly to your envelope with clear tape):

Shelly L. Stellwagen
 18144 Six Trees Lane
 Monument, CO 80132