



American College of
RADIATION ONCOLOGY
Integrating Science and Technology into Patient Care

5272 River Road | Suite 630 | Bethesda, MD 20816 | 301.718.6515 | Fax 301.656.0989 | Email info@acro.org

Complimentary Membership Application (Or join online @ www.acro.org.)

General Information: *Please print or type.*

NAME: First Middle Last Suffix (Sr., Jr., etc.) Primary Degree (MD, DO, PhD)

E-mail Address (*To benefit fully from your membership, please supply your e-mail address.*)

Institution Department

Street Address (*Your work address is normally used for all hard-copy correspondence*)

City State or Province Zip/Postal Code

Telephone Fax

Board Certification Date (MM/DD/YYYY): States where currently licensed:

Member of AMA: Yes No

Member of ACR: Yes No

Member of ASTRO: Yes No

Membership Categories & Fees: *Please check the appropriate box (See membership categories below).*

Associate

Please provide your Anticipated date of residency completion (MM/DD/YYYY): _____

NOTICE: Complimentary Associate Membership is for 4th year medical students. Once you start residency, let us know and we will transition your membership category