



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

5272 River Road | Suite 500 | Bethesda, MD 20816 | 301.718.6515 | Fax 301.656.0989 | Email info@acro.org

**Membership Application** (Or join online @ [www.acro.org](http://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.).

- \$425 – Active \$325 – New Practitioner \$225 – Military \$305 – Associate \$150 - Corresponding  
No charge - Resident

If you are a Resident, please provide your Anticipated date of residency completion

(MM/DD/YYYY): \_\_\_\_\_

Practice:

- Academic Community Hospital Federal Services (VA, DoD, PHS) Free-standing International Locum Tenens  
Retired

**Active Members:** Physicians who limit their practice to radiation oncology, physicians currently enrolled in fellowships and/or radiation oncology physicists. **Associate Members:** Administrators, radiology technologists, radiation therapists and radiation therapy technologists who are engaged in a radiation oncology practice. **Corresponding Members:** Physicians who have been Regular or Associate Members for more than 5 years and who are not currently employed for more than 10% of the time in fields related to radiation oncology, and non-physicians with a major interest in the Corporation's activities and who have proven evidence of involvement in the practice of radiation oncology.

**Payment:** Check enclosed Charge my credit card: American Express MasterCard Visa

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name & Signature \_\_\_\_\_

For CHECK mail to: ACRO, 5272 River Road, Suite 500, Bethesda, MD 20816. For CREDIT CARD fax to 301-656-0989

\_\_\_\_\_  
\* Signature of Applicant

\_\_\_\_\_  
\* Date

Note: Contributions or dues paid to the American College of Radiation Oncology are not tax deductible as charitable contributions. However, under provisions of the internal revenue code (IRC) section 162(e)(3), 47% of the annual membership dues may be deductible as ordinary and necessary business expenses.