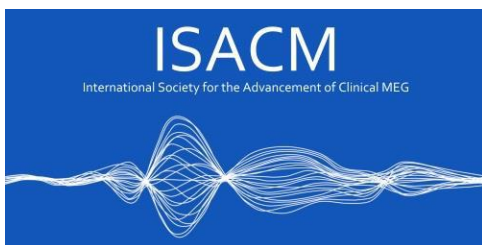


ISACM Membership Application/Renewal 2020-21 (Two Years)



Please send application to:
ISACM – c/o William Gaetz, Treasurer
Children’s Hospital of Philadelphia
Seashore House Bldg., 1st fl., Suite 115
3401 Civic Center Blvd.
Philadelphia
PA 19104
USA, Phone 267 426-2268; FAX 1-267 425-2465

Last Name First/Given Name Middle Name _____

Gender: Male Female

Institute Contact Information:

Institute Name & Street Address _____

City and State/Province _____

Country and Postal Code _____

Telephone _____

Fax _____

Email _____

Honorific Professional Classification Primary Field Endeavor (check all that apply)

M.D. Basic Scientist BASIC SCIENCE CLINICAL SCIENCE

M.D. Candidate Clinical Scientist Biophysics Neurology

Ph.D. Educator Engineering Neurosurgery

Ph.D. Candidate Industrial Management Mathematics Radiology

Professor Physician Physics Psychiatry

RT Support Personnel Psychology Other: _____

Other: _____ Other: _____ Other: _____

If paying by check make payable to “ISACM” *All fees must be in US Dollars

Membership Dues for 2020 and 2021 US \$100.00; Students & Affiliates \$0 (non-voting membership)

To remit dues via credit card, please complete below (*All information below is required)

FAX to: 1-267-425-2465

Visa MasterCard American Express

Credit Card# _____ Expiration Date _____

Credit Card Signature _____ 3 or 4 digit Security Code _____

Billing Street Address _____

City/State _____ Zip/Postal Code _____

Country _____ Date _____

Applicant Signature _____