

2017 EMERITUS Membership Application
(Membership year: 1/1/2017-12/31/2017)

First Name and Family Name: _____

Delivery Address _____

City / State / PostalCode _____

Country _____

Home Phone _____

E-mail _____

I affirm that I have fully retired from field of radiopharmaceutical sciences and have accumulated at least five consecutive years of membership.

Signature

Date

Emeritus Membership Options – Select One (in US Dollars)

- \$35, includes electronic-only subscription to *Nuclear Medicine and Biology* (NMB)
- \$65, includes electronic + print NMB delivery
- \$140 includes electronic + print NMB delivery + electronic-only subscription to *Quarterly Journal of Nuclear Medicine and Molecular Imaging* (QJNMMI)
- \$140 includes both electronic subscriptions (NMB & QJNMMI) + both print subscriptions (NMB & QJNMMI)

Important Note: To receive electronic access to QJNMMI, you must supply a personal email address (not an institution or company email address). E.g. Gmail, Yahoo, Hotmail, MSN. This is a QJNMMI stipulation.

Payment Information

Total Amount Enclosed: \$ _____

Enclosed is check # _____ made payable to SRS.

Please charge my SRS membership to: VISA MasterCard American Express

Credit Card # _____

Exp. Date: ____/____ 3-4 Digit Security Code: _____ Cardholder's Name: _____

Please mail this form with payment to SRS Membership Services, 210 Westmoor St., Fredericksburg, TX 78624-3439
fax to +1.830.214.7005 or **scan and send to cmetzger(at)srsweb.org**. If you have any questions, please email or call the SRS office: cmetzger(at)srsweb.org / +1.830.370.6554 / SRS Federal Tax Identification Number: 43-1217508

Important Note: SRS requires all payments be made in U.S. dollars drawn on U.S. banks. No foreign funds will be accepted.