



Membership Enrollment Form

Please Note: All information entered below will be visible to site administrators. Registered members will be able to view any information you enter, unless you set the visibility selector “” to **Private (not visible in profile)** next to the field you wish to be hidden. If your email address is **Private (not visible in profile)** it will not be displayed, but members can still contact you via email through the site's group email system if permitted by the group administrator. For a publicly accessible member type, site visitors will be able to view any field whose visibility is set as **Public (Visible to Everyone)**. To restrict fields to only registered members set the visibility for the field to **Member Only (Visible Only to Members)**.

*Required Fields

Your password must be a minimum of eight (8) characters in length and contain at least one number and one non-numeric character (letters, punctuation, etc.)

ACCOUNT Information

Username * _____

E-mail Address* _____

Confirm E-mail* _____

PERSONAL Information

Title _____

Full Name* _____

Credentials* _____

Address* _____

Address Cont. _____

City/Town* _____

Country* _____

State (or Province)* _____

Postal Code* _____

Home Phone* _____

Mobile Phone * _____

Alternate E-Mail _____



MEMBERSHIP Categories

- Active..... \$120
- Associate (Non-nurse members) \$120
- Retired \$60
- Student \$30

PAYMENT INFORMATION

ARIN Federal Tax Id: 52-1292273

- Amount Enclosed: \$ _____
- CHECK – U.S. funds only (made payable to ARIN)
- Credit Card - VISA MC Amex

CC Number _____

Expiration _____

CVV# _____

CARDHOLDER NAME _____

SIGNATURE _____

In the US, membership dues are not tax deductible as charitable contributions, however, they may be deducted as ordinary and necessary business expenses. The Membership Year is **anniversary based** on your join date. Membership dues are non-refundable and non-transferable. By joining ARIN or renewing your membership, this constitutes consent for the Association for Radiologic & Imaging Nursing to communicate with you via fax, e-mail, mail, text message, instant messaging, social media, and to make you aware of products and services.

**Please send completed application
along with your payment to:**

ARIN National Office

2201 Cooperative Way, Suite 600
Herndon, VA 20171

OR Fax to:
703-884-2229