**SCSNM MEMBERSHIP RENEWAL/APPLICATION 2023-2024**



**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAST FIRST MI DOB SEX**

**HOME ADDRESS­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET CITY STATE ZIP**

**EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*ANY CORRESPONDENCE (CEU Credits, etc.) WILL BE SENT TO THE ABOVE EMAIL ADDRESS\*\***

**List all**

**DEGREES/CREDENTIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_NEW APPLICATION \*FULL: \_\_\_\_\_\_\_\_\_\_$40.00**

**\_\_\_\_\_\_\_\_\_\_RENEWAL \*AFFILIATE: \_\_\_\_\_\_\_\_\_\_\_$40.00**

**(PHARMACIST, PHARMACY TECHNICIANS, ETC.)**

**\*STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_$20.00**

**(FULL TIME NUCLEAR MEDICINE STUDENT-14 MOS. MEMBERSHIP)**

**\*\*\*FIRST TIME APPLICANTS PLEASE FILL IN THE FOLLOWING INFORMATION\*\*\***

**EDUCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTITUTION DEGREE/CERTIFICATE**

**REGISTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REGISTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*CHANGE OF ADDRESS/NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE DATE**

**PLEASE EMAIL FORM TO: scsnmweb @gmail.com**

**OR MAIL TO: David Taylor  
 515 Robert Daniel Drive  
 Apt 4106  
 Daniel Island, SC 29492**

**MAKE CHECKS PAYABLE TO: SCSNM**

**\*FULL MEMBER: FULL MEMBERS MUST BE A CERTIFIED AND/OR REGISTERED NUCLEAR MEDICINE TECHNOLOGIST. MEMBERS IN THIS CATEGORY WILL PAY DUES, HAVE VOTING PRIVILEGES, AND MAY HOLD EXECUTIVE OFFICE OR SERVE ON THE COUNCIL OF THE SCSNM.**

**\*AFFILIATE MEMBER: ASSOCIATE MEMBERSHIP IS RESERVED FOR THOSE INDIVIDUALS WHO ARE IN THE FIELD OF NUCLEAR MEDICINE BUT ARE NOT A NUCLEAR MEDICINE TECHNOLOGIST. MEMBERS IN THIS CATEGORY WILL PAY DUES, HAVE VOTING PRIVILEGES, BUT MAY NOT HOLD EXECUTIVE OFFICE.**

**For Official Use Only: DATE RECEIVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECK NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_CARD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RECEIPT\_\_\_\_\_\_\_\_\_\_\_\_\_\_MAILOUT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PayPal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**