

SCSNM MEMBERSHIP RENEWAL/APPLICATION 2025-26



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: zaliariordan@gmail.com

OR MAIL TO: Zalia Riordan
408 Hollow Cove Road
Chapin, SC 29036

MAKE CHECKS PAYABLE TO: SCSNM or pay online at www.scsnm.org

***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 _____