



SDSRT Membership Application Form

Name

First Name

Middle Name

Last Name

Address

Street Address

City

State / Province

Postal / Zip Code

Contact Information

Email

(____) _____

Phone Number

I am a: New Member Renewing Member

ASRT Member Number: _____ Expiration Date: _____

Membership Type:

- ASRT Member: \$40.00
- Non-ASRT Member: \$50.00
- Student Membership - 1 year: \$20.00
- Student Membership - 2 year: \$40.00
- Bridge Membership: \$20.00 (only available to those who have graduated from an accredited program within the last 12 months)

Please send me my SDSRT Membership Card: by email by US mail I don't need one

Include payment by check along with registration form and mail to:

SDSRT Executive Secretary – Charlene Berke
103 Marina Bluffs Court Unit 2B
Yankton, SD 57078

Contact us at sdradtechs@yahoo.com
For more information visit: www.sdsrt.org