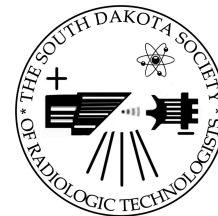


SDSRT Membership Application Form



Name

First Name

Middle Name

Last Name

Address

Street Address

City

State / Province

Postal / Zip Code

Contact Information

Email

() -
Phone Number

ASRT Information

Member Number: _____ Expiration Date: ____/____/____

I am a:

☐ New Member

☐ Renewing Member

☐ Life Member

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

☐ I don't need one

SDSRT Scholarship Donation

☐ No Thank You

☐ Separate check is enclosed

☐ \$50 or more donation free SDSRT t-shirt

☐ Black _____ S _____ M _____ L _____ XL _____ XXL

☐ Light grey _____ S _____ M _____ L _____ XL _____ XXL

☐ No thank you

Make checks payable to SDSRT

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

SDSRT Executive Secretary – Colleen Roe
7624 W Lobelia St.
Sioux Falls, SD 57106

Contact us at sdsrtradtechs@gmail.com
For more information visit: www.sdsrt.org