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