



## 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 Treasurer Chad Borns**  
4413 W 93<sup>rd</sup> St  
Sioux Falls, SD 57108

Contact us at [sdradtechs@gmail.com](mailto:sdradtechs@gmail.com)  
For more information visit: [www.sdsrt.org](http://www.sdsrt.org)