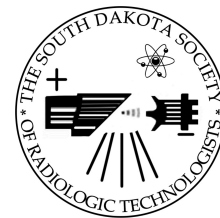


SDSRT Membership Application Form



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

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

SDSRT Scholarship Donation

- ☐ No Thank You
☐ Separate check is inclosed

Make checks payable to SDSRT

Include payment by check along with membership 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