

# North Carolina Ultrasound Society, Inc.

## Membership Application ~ New Applicants and Renewals

### Member Rates

\$30 Active

\$25 Affiliate

\$15 Student

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Home Address:

Street or P.O. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Ph \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Ph \_\_\_\_\_ ARDMS# \_\_\_\_\_ SDMS# \_\_\_\_\_

### NCUS Membership Categories

**Active:** Sonographers currently performing ultrasound in a clinical setting; physicians actively engaged in clinical ultrasound and scientists directly involved in the field of ultrasound through physics, engineering, biology, or basic research.

**Affiliate:** Persons working in the commercial field of ultrasound or any other interested persons not qualified under other membership categories.

**Student:** Those persons studying disciplines pertinent to the Society in a full-time training program. Those persons should not receive a salary from that program or institution. **STUDENTS MUST SEND A CONFIRMATION LETTER FROM THEIR PROGRAM DIRECTOR WITH THIS APPLICATION.**

Amount Enclosed: \$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Make all checks payable to the NCUS

Mail to: NCUS

Post Office Box 1795

Morehead City, NC 28557

Phone: (252) 422-5300 Fax: (252) 808-3101

E-mail: ncus@ec.rr.com

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_