

STUDENT MEMBER APPLICATION

I. CONTACT INFORMATION:

Date _____

Name _____

Do you hold any professional credentials? Yes No If so, what? _____

Date of Birth (mm/dd/yy) _____

Company Name _____

Company Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

Email _____ Company Website _____

Home Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

Home Email _____

How did you hear about RBMA: Physician Colleague Customer/Client Vendor RBMA member*
 Website Other _____

*If referred by a member, please provide full name of person, so she/he can participate in theion
Member-Get-A-Member program:

WEB ACCESS Please provide your preferred username and password to access Members Only sections at
www.rbma.org (please use only a combination of letters and/or numbers with a minimum of six characters):

Username _____ Password _____

II. STUDENT MEMBERSHIP AND FEES:

ACADEMIC INFORMATION:

Name of college or university: _____ Year first enrolled: _____

Program/Course of study: _____ Projected graduation date: _____

Degree or Certificate sought: No ___ Yes ___ GPA: _____

In what other organizations do you hold membership?

ACR AHRA AHIMA ASRT HBMA MGMA Other _____

DUES:

Annual Student Membership \$25. RBMA dues are based on the calendar year, January 1st – December 31st.

III. PAYMENT INFORMATION:

Total amount enclosed _____

Check enclosed (payable to RBMA) # _____ Personal Company

Visa MasterCard AMEX Credit Card # _____ Exp. Date _____

Name on card _____

Cardholder's signature (required) _____

Note: To activate membership, payment must be made in full. Membership expires on December 31st.

The Code of Ethics of the RBMA is a set of rules which apply to all membership categories. The rules are as follows: 1) All members shall abide by the bylaws of the RBMA. 2) The name "Radiology Business Management Association" and the abbreviation "RBMA" shall be used only as authorized by the organization. 3) Members shall avoid using any position as a member or officer of the RBMA for the personal financial gain to the detriment of the RBMA or its members. 4) The membership directory shall not be used for promotional purposes without the approval of the organization. 5) Members shall conduct themselves in a professional manner, maintaining a high standard of professional integrity and ethics.

I agree to abide by the RBMA Code of Ethics and support the RBMA Mission

Applicant's signature _____ Date _____

TWO EASY WAYS TO JOIN!

Go to www.rbma.org and select Membership to download the PDF application and submit your application either via:



MAIL

Return your completed application with a verification letter from your educational institution indicating your student status in good standing, and a check or credit card payment to:

RBMA
10300 Eaton Place
Suite 460
Fairfax, VA 22030

Or



FAX

Fax the completed application with a verification letter from your educational institute indicating your student status in good standing, and a credit card payment to
703.621.3356



PHONE

For questions call toll-free
888.224.7262 Monday-Friday
from 8:30 a.m.-5:30 p.m. ET

STUDENT MEMBER APPLICATION

RBMA is pleased to offer a new level of membership to students pursuing a career in healthcare, business, or radiology.

By extending this opportunity to students, RBMA hopes to provide individuals just entering the field benefits and resources available to professionals, create a membership opportunity that offers a lifetime of learning, groom future leaders in RBMA, and encourage attendance at RBMA seminars and meetings.

Student Membership

A student membership is available to anyone who has never been a member of RBMA and is currently enrolled on a full- or part-time basis in one of the following programs:

- Radiology internship
- Radiology residency
- Fellowship
- Rad Tech program
- Radiology Nursing program
- Radiology Assistants
- Radiology Practitioner Assistants

Student members must reapply each year and include a letter of verification from their academic institution confirming them to be students in good standing.

Members holding a Student Membership are considered a non-voting members.

Benefits

- Access to the "members only" sections of the RBMA website
- Electronic access to the RBMA Bulletin on the RBMA website
- Option to receive a daily digest of the Practice Management Forum for read-only purposes
- Eligible to serve on RBMA committees but may not hold a position of chair
- Option to participate in RBMA Chapters upon approval by individual Chapter
- Participate in a real-time Student Forum with fellow students and practice manager mentors for educational and networking purposes
- Eligible to receive the member rate for meetings, products, webinars, etc.
- Eligible to apply for the Bob Luther Emerging Leader Travel Scholarship

How to Apply

Submit the completed application to the RBMA office along with a letter of verification from your academic institution confirming your student status in good standing.

MAIL

Radiology Business Management Association (RBMA)
10300 Eaton Place, Suite 460
Fairfax, VA 22030

Or

FAX

703.621.3356