

**SEIZE THE POWER OF RBMA
JOIN TODAY!**

I. CONTACT INFORMATION:

Date _____
 Name _____
 Professional Credentials _____
 Degrees _____
 Date of Birth (mm/dd/yy) _____
 Title _____
 Company Name _____
 Company Address _____
 City _____ State _____ Zip Code _____
 Phone () _____ Fax () _____

NOTE: Each applicant defined under any of the RBMA membership categories must submit a separate application with his or her contact information captured below.

FOUR EASY WAYS TO JOIN!

- ONLINE** • Go to www.rbma.org and select Membership
- MAIL** • Return your completed application with check or credit card payment to:
RBMA, 9990 Fairfax Blvd., Ste 430, Fairfax, VA 22030
- EMAIL** • Email the completed application with credit card payment to membership@rbma.org
- FAX** • Fax the completed application with credit card payment to 703.621.3356

II. CORPORATE MEMBERSHIP AND FEES:

Corporate membership includes the company and two individuals from within the company. Note that each Corporate Representative under any of the classifications listed below must submit a separate application.

CORPORATE MEMBER CLASSIFICATION	Jan to Dec	Apr to Dec	Jul to Dec	Oct to Dec <small>(of the following year)</small>
<input type="checkbox"/> CORPORATE PARTNER Includes two representatives (please submit a second copy of this application with the top portion of this application for the second individual)	\$1300	\$1150	\$1000	\$1300
<input type="checkbox"/> ADDITIONAL CORPORATE REPRESENTATIVE*	\$400	\$350	\$300	\$400

*Primary RBMA Corporate Member Name (required): _____

HAVE QUESTIONS ABOUT RBMA MEMBERSHIP?
 Call toll-free 888.224.7262 Monday-Friday from 8:30 a.m.-5:30 p.m. ET or email membership@rbma.org

Once your application is processed you will receive a confirmation of Corporate Partner membership, along with instructions on how to populate your information for our Corporate Partner Directory online.

III. PAYMENT INFORMATION:

Total amount enclosed _____
 Check enclosed (payable to RBMA) # _____ Personal Company
 Visa MasterCard AMEX Credit Card # _____ Exp. Date _____
 Cardholder Name (please print) _____
 Cardholder signature (required) _____

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

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 _____