



**CONTACT INFORMATION**

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

Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Professional Credentials \_\_\_\_\_  
 Degrees \_\_\_\_\_  
 Date of Birth (mm/dd/yy) \_\_\_\_\_  
 Title \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Preferred Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email \_\_\_\_\_ Company Website \_\_\_\_\_



Please share the name of the individual, RBMA Chapter or RBMA Corporate Partner that referred you:

\_\_\_\_\_

**INDIVIDUAL MEMBERSHIP AND FEES**

**EMPLOYER INFORMATION** Please select the best description of your employer:

- Academic Medical Center
- Hospital-based with imaging centers
- Freestanding, independent imaging center
- Partnered with a hospital
- Hospital-based only
- Billing company/MSO

**With what other organizations do you hold membership?**

- ACR  AHRA  AHIMA  ASRT  HBMA  MGMA  Other \_\_\_\_\_

RBMA dues are based on the calendar year, Jan. 1–Dec. 31. New member dues are prorated quarterly. All members are billed Jan. 1st for the calendar year dues, regardless of when they joined.

MEMBER CLASSIFICATION	Jan-Dec	Apr-Dec	Jul-Dec	3 free months!
				Oct-Dec (of the following year)
<input type="checkbox"/> <b>ACTIVE:</b> An individual actively engaged in the business of radiology	\$400	\$350	\$300	\$400
<input type="checkbox"/> <b>FACULTY:</b> (must provide proof of full-time faculty status)	\$160	\$160	\$160	\$160
<input type="checkbox"/> <b>RECENT GRADUATE:</b> (must provide proof of completion of qualifying program*)	\$100	\$100	\$100	\$100
<input type="checkbox"/> <b>STUDENT MEMBER:</b> (must provide proof of enrollment in qualifying program*)	\$25	\$25	\$25	\$25

\*For more information on qualifying programs, please visit [www.rbma.org/categories](http://www.rbma.org/categories)

**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 \_\_\_\_\_

**FOUR EASY WAYS TO JOIN!**

**ONLINE** • Go to [www.rbma.org](http://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](mailto:membership@rbma.org)

**FAX** • Fax the completed application with credit card payment to **703.621.3356**

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](mailto:membership@rbma.org)