



**Section on Radiology and Radiation Oncology (SRRO) of the  
National Medical Association**

6354 Lawrie Ave  
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**MEMBERSHIP DUES INVOICE**  
  
July 1, 2021 – June 30, 2022

Please take a moment to fill (print) in the preferred contact information below. We will update our database accordingly.

Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Work Phone \_\_\_\_\_, Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Thank you to the members that have contributed to our ongoing outreach. Your donation means so much to the endeavors of the section.

As this is an ongoing effort to sustain future activities of the Section, Education and Outreach...voluntary contributions are still being requested – Active Members \$250-\$1,000, Residents \$50-\$150, New Members \$100-\$500 and Sr. Members \$250-\$1,000 or more. The contribution covers the section newsletter and other ongoing endeavors of the Section, as well as activities at the Annual Meeting not supported by the National Medical Association, including resident and student support. Thank you.

**Section on Radiology and Radiation Oncology of the NMA Membership Dues – Remittance Form**  
**July 1, 2021 through June 30, 2022**

- Check or money order (payable to Section on Radiology of the NMA, Inc.)  
(Pay in U. S. dollars drawn on a U. S. bank)

**Forward Dues Remittance to:**  
**Tonya Greene**  
**Section on Radiology and Radiation Oncology**  
**of the NMA**  
**6354 Lawrie Ave**  
**Rialto, CA 92377**

If paying by Credit Card:  
 Visa  Mastercard  Amer Exp.  Discover   
Card Holder's Name \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Signature \_\_\_\_\_ Security Code \_\_\_\_\_

**Check One**

- Radiologist.....\$100.00
- Radiation Oncologist.....\$100.00
- Associate.....\$25.00
- Technologist.....\$50.00
- Resident/Fellow..... Donation
- Student.....Donation
- Surgeon.....\$100.00
- Ph.D./Physicist.....\$50.00
- Other \_\_\_\_\_

Membership Dues: \$ \_\_\_\_\_  
Donation: \$ \_\_\_\_\_  
**Total Amount:** \$ \_\_\_\_\_