



Section on Radiology and Radiation Oncology of the  
National Medical Association  
160 E. Parkdale Dr, #105B  
San Bernardino, Ca 92404  
Tel: (310) 267-8708  
Fax: (310) 267-3635

www.nmanet.org  
www.nmarads.org

## MEMBERSHIP DUES INVOICE

July 1, 2024 – June 30, 2025

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

Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Work 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.

.....Separate at perforation.....

### Section on Radiology and Radiation Oncology of the NMA Membership Dues – Remittance Form

July 1, 2019 through June 30, 2020

- Check or money order (payable to Section on Radiology of the NMA, Inc.)

(Pay in U. S. dollars drawn on a U. S. bank)

#### If paying by Credit Card:

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amer. Exp.	<input type="checkbox"/> Discover
Card Holder's Name		Zip Code:	
Card Number		Exp. Date:	
Signature		Security Code	

#### Forward Dues Remittance to:

Tonya Greene  
Section on Radiology and Radiation Oncology of  
the NMA  
160 E. Parkdale Dr. #105B  
San Bernardino, CA 92404

#### Check One

- |  |          |                                       |          |
|--|----------|---------------------------------------|----------|
| <input type="radio"/> Radiologist          | \$100.00 | <input type="radio"/> Student         | Donation |
| <input type="radio"/> Radiation Oncologist | \$100.00 | <input type="radio"/> Surgeon         | \$100.00 |
| <input type="radio"/> Associate            | \$25.00  | <input type="radio"/> Ph.D./Physicist | \$50.00  |
| <input type="radio"/> Technologist         | \$50.00  |                                       |          |
| <input type="radio"/> Resident/Fellow      | Donation |                                       |          |
| <input type="radio"/> Other                | _____    |                                       |          |

Membership Dues:	\$ _____
Donation:	\$ _____
<b>Total Amount:</b>	<b>\$ _____</b>