



2018 – 2019 Affinity Group Fee Payment Form
(You must be an AUR member to join an AUR Affinity Group)

I would like to join ACER. I am interested in career advancement for clinician-educators. (\$75 ACER Fee)

I would like to join AMSER. I serve as the director of a Medical Student Radiology course or clerkship, or am involved in medical student education. (\$75 AMSER Fee)

I would like to join AMSER. I am a non-physician coordinator of a Medical Student Radiology course or clerkship. (\$20 AMSER Fee)

I would like to join RAHSR. I am interested in health services research. (\$50 RAHSR Fee)

I would like to join RRA. My role is research related to radiology or the radiologic sciences. (\$50 RRA Fee)

If you are a resident or fellow and want to join one of the above affinity groups contact the AUR Office at aur@rsna.org.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Payment Type: \_\_\_\_\_ Check\*: \_\_\_\_\_ (In US funds drawn on a US Bank. Make payable to the Association of University Radiologists)

\*By sending your check to us, you authorize AUR to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment

Credit Card (MasterCard or Visa) \_\_\_\_\_ Expiration Date: \_\_\_\_\_
CVV: \_\_\_\_\_

Please return completed form to:
AUR, 820 Jorie Blvd, Oak Brook, IL 60523
Or Fax to: 1-630-571-2198