



IMT Membership Application

Phone: 310-215-9730 Fax: 310-215-9731 Web: www.ami-imaging.org

MEMBERSHIP CATEGORY - Check One	RENEWAL	NEW APPLICATION
Corporate Council Membership	[]	[]
Partner Membership	[]	[]
Associate Membership	[]	[]

MEMBER INFORMATION - please print clearly

IMT Official voting member as it should be listed in directory. This member also serves on the IMT Steering Committee.

Name / Title:			
Email:			
Company:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Cell Phone:			
You may add others in your company to our distribution list.			
Contact Name			
Contact Email			

MEMBERSHIP DUES

Membership Category: Based upon molecular imaging-derived revenues	Annual Dues Amount
[] Corporate Council Member: = \$200,000.00 Greater than \$200 million in revenues	\$
[] Partner Member = 0.1% of revenues From \$10 million to \$199.99 million in revenues	\$
[] Associate Member = \$10,000.00 Up to \$9.99 million in revenues	\$

PAYMENT

If you are paying by credit card, please complete and FAX to AMI at 310-215-9731. If paying by check, please make check payable to: Academy of Molecular Imaging and mail to AMI at the address below.

[] Visa [] MasterCard [] American Express [] Check Enclosed [] Send Invoice

Name on Credit Card: _____ Exp Date: _____

Credit Card Number: _____

Signature: _____