

IMT Membership Application

p. 310-267-2614 f. 310-267-2617 www.ami-imaging.org

1. Membership Category - select one

Corporate Membership	<input type="checkbox"/> Renewal	<input type="checkbox"/> New Application
Associate Partner Membership	<input type="checkbox"/> Renewal	<input type="checkbox"/> New Application
Provider Membership	<input type="checkbox"/> Renewal	<input type="checkbox"/> New Application

2. Member Information - please print clearly

Name/Title _____
IMT official voting member as it should be listed in directory

Member email _____

Contact Name/ email _____
If contact is different from above, please provide name/email

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Cell Phone _____ Member Contact

NOTE: Additional AMI memberships are provided based on your membership category, please refer to Dues & Benefits schedule on the web for the number allowed with your IMT membership and provide a list including: name, title, address (if different), phone and email for each representative indicated.

3. Membership Dues - please refer to the Dues & Benefits schedule on the web to determine annual dues

Membership Category	Annual Dues Amount
<input type="checkbox"/> Corporate Council Member	\$ 200,000.00
<input type="checkbox"/> Associate Partner Member (based on PET derived revenue)	\$ _____
<input type="checkbox"/> Provider Member (based on number of scanners)	\$ _____

4. Payment - if you are paying by credit card, please complete and FAX to AMI at 310-267-2617. If paying by check please make check payable to: Academy of Molecular Imaging and mail to AMI address below.

Visa MasterCard American Express Check Enclosed Send invoice

Name on credit card _____ Exp. Date _____

Credit card number _____

Name on card _____ Signature _____

Academy of Molecular Imaging
Box 951735, Los Angeles, CA 90095-1735