



THE INTERNATIONAL SOCIETY  
FOR CLINICAL DENSITOMETRY

## Membership Application

Visit [www.ISCD.org](http://www.ISCD.org) for a complete description of membership categories. Membership is valid January – December and dues are not prorated.

Check ONE Appropriate Category

US

International

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<input type="checkbox"/> Clinician, Scientist/Researcher	\$300*	\$220
<input type="checkbox"/> Technologist – Regular	\$85*	\$65
<input type="checkbox"/> Technologist – Upgraded – w/ JCD Online Access	\$115*	\$95
<input type="checkbox"/> Technologist – Full – w/ JCD Online Access & JCD Print Subscription	\$130*	\$110
<input type="checkbox"/> Associate** – Regular	\$65	\$65
<input type="checkbox"/> Associate** – Upgraded – w/ JCD Online Access	\$95	\$95
<input type="checkbox"/> Associate** – Full – w/ JCD Online Access & JCD Print Subscription	\$110	\$110
<input type="checkbox"/> Retired – Regular	\$65	\$65
<input type="checkbox"/> Retired – Upgraded – w/ JCD Online Access	\$95	\$95
<input type="checkbox"/> Retired – Full – w/ JCD Online Access & JCD Print Subscription	\$110	\$110
<input type="checkbox"/> Industry Member	\$220	\$220
<input type="checkbox"/> Corporate – Contact ISCD for information at (860) 259-1021		

*\*Your ISCD dues includes a mandatory assessment authorized by the Board of Directors to support the **Patient Access to Care Fund**. The monies generated will provide resources and tools to ISCD members to take our public policy message to legislators, regulators and the media.*

### (PLEASE PRINT OR TYPE)

Dr.    Mr.    Ms.    Other: \_\_\_\_\_

First/Given Name: \_\_\_\_\_ (M.I.) \_\_\_\_ Last/Family Name: \_\_\_\_\_

Degree: \_\_\_\_\_ Position: \_\_\_\_\_

Area of Specialty (Rheum., Endo., etc): \_\_\_\_\_

*\*\*If applying for Associate Membership, Residency/Fellowship end date (MO/YR): \_\_\_\_\_*

### Business Address

Primary Address

Institution/Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

**Home Address**

Primary Address

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Fax #: \_\_\_\_\_

How did you hear about ISCD? \_\_\_\_\_ Referred by: \_\_\_\_\_

**DXA Machine Used**

Hologic  GE Lunar  Norland  Peripheral Unit  Other \_\_\_\_\_

Are you a member of the American Medical Association?  Yes  No

How do you bill for Medicare?  Non-Facility/Office-based  Facility/Hospital-based  
 Not Applicable  Unsure

**FORM OF PAYMENT**

Check a form of payment:  Check (must be in US Dollars and drawn on a bank located in the US)

Name as it appears on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_

VISA  MasterCard  AMEX  Wire Transfer, Please contact ISCD for bank details

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Verification Value code (CVV): \_\_\_\_\_

(MasterCard & Visa: 3 digit code listed on the back of card; American Express: 4 digit code listed on the front of the card)

**Send your completed application and payment to:**

International Society for Clinical Densitometry, 306 Industrial Park Road, Ste 208, Middletown, CT 06357

Phone 860.259.1000 – Fax 860.259.1030 – E-mail: [iscd@iscd.org](mailto:iscd@iscd.org) - website: [www.ISCD.org](http://www.ISCD.org)

**Fax credit card information to: 860.259.1030**