

SAWI MEMBERSHIP APPLICATION

The Society for the Advancement of Women's Imaging (SAWI) was founded in 1993 as a forum to develop and promote a subspecialty within diagnostic radiology devoted to diagnosis and treatment of diseases and conditions unique to women. The Society also promotes and supports residency and fellowship training in the subspecialty of women's imaging. The Society also sponsors educational and scientific meetings devoted to women's imaging.

- Please complete this application and return to SAWI, P.O. Box 885, Schererville, IN 46375 for processing.
- Please send a check along with the application, payable to SAWI.

**Practicing Radiologists \$100.00 per year
Residents or Fellows Free**

Name

Salutation: _____

First Name: _____

MI.: _____

Last Name: _____

Degree: _____

SAWI Information

Login Name: _____

Password: _____

Today's Date: _____

Institutional Address (Will appear in member directory)

Institution: _____

Department/Room: _____

Street: _____

City: _____

Zip: _____

Country: _____

Office Phone: _____

Office Email: _____

Fax: _____

Home Address (Will not be published)

Street: _____

City: _____

State: _____

Zip: _____

Country: _____

Home Phone: _____

Home Email: _____

Spouse's Name: _____

Background

Medical School: _____

Year Graduated: _____

Residency Institution: _____

Residency Type: _____

Year Graduated: _____

Fellowship Institution: _____

Fellowship Type: _____

Year Graduated: _____

Year of Board Certificate: _____

Current Information

Do you practice at an institution with a residency program? _____

Do you practice at an institution with a fellowship program in women's imaging? _____

Member Comments: _____
