

IRS COMMITTEE VOLUNTEER APPLICATION

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Number of Years ACR Member: _____ Number of Years IRS Chapter Member: _____

ACR/IRS Activities: Please list any previous service to ACR or IRS (i.e., committees, activities, etc.) _____

Indicate your interest in being considered for the following committee(s). If choosing more than one committee, prioritize by number, listing #1 as your first choice.

<u>Committee Selection</u>	<u>Selection Priority</u>
Equipment Committee	_____
Fellowship Committee	_____
Judicial Affairs Committee	_____
Legislative Advisory Committee	_____
Mammography Committee	_____
Physics Committee	_____
Program Committee	_____
Socio-Economics for Residents Committee	_____
Standards in Practice Committee	_____
Technologist Advisory Committee	_____

Briefly describe special areas of expertise and/or interest that will benefit the committee(s) for which you are applying.

Signature of Applicant: _____ Date: _____

Please mail or fax to:
Illinois Radiological Society
475 S. Frontage Road, Suite 101
Burr Ridge, Illinois 60527-6282
Ph: 630-323-5344; Fax: 630-323-6989