



Our Mission

To promote and support excellence in interpretive skills and technical knowledge of those involved in the evaluation of clinical magnetic resonance imaging and to help maintain professional practice integrity.

It is our conviction that the quality of MR interpretation can be advanced by a clinically oriented professional society that provides experience-based credentialing for physicians, quality clinical education for physicians and technologists, and supports compliance with professional and technical regulations.

Benefits of Membership

- Free membership throughout radiology residency or fellowship (\$195 annual value)
- Substantial discount to our Annual CME-accredited society meeting throughout residency and fellowship
- Discounted tuition to attend select CME-accredited meetings nationwide
- CMRS Vision, our quarterly clinical MR publication (\$50 annual value)
- Networking with your peers, face-to-face and through an e-mail network
- Procedure protocols and safety information provided through website
- Calendar of national CME events
- Professional announcements via the CMRS Vision and the internet

CMRS Professional Requirements

- Active Physician: M.D., D.O., or other degree recognized by the AMA or AOA
- Radiology resident or fellow actively engaged in a radiological training program

To become a member and start taking advantage of the professional benefits that CMRS has to offer:

Complete membership application form below and send to:

CMRS • 5620 W. Sligh Ave. • Tampa, Florida 33634 • Fax 813.806.1081 • Email membership@cmrs.com

Membership Type (select one) Resident, year (1st, 2nd, 3rd, 4th) Fellow Membership Fee: FREE

First _____ Middle _____ Last _____ Degree(s) _____ Medical School & Year Graduated _____
 Previous MR Experience? Yes No If yes, MR Systems: Manufacturer _____ Field Strength _____
 If yes, how many years _____

Residency/Fellowship Information

Home Address (will be used as primary address)

Program _____ Street Address _____ City _____ State _____ Zip _____
 Street Address _____ City _____ State _____ Zip _____
 Program Director _____ Email _____
 Phone _____ Fax _____ Phone _____ Fax _____
 Signature _____

E-mail Address: (please print below)

Please e-mail the electronic version of the CMRS Vision to: