

Members are eligible to participate in all ARRS activities including holding elective office and voting. Membership is effective upon processing of completed application and activation of the member account. Membership applications are received daily throughout the year and are processed in the order received. Please allow 2–4 weeks for processing.

A. SELECT MEMBERSHIP TYPE (RESIDENT, FELLOW, OR MEDICAL STUDENT) AND COMPLETE INDICATED INFORMATION

☐ **RESIDENT APPLICATION**—I certify I am in a residency at _____
Name of Institution

Date Program Began/Begins: _____ Date Program Ends: _____
Month/Date/Year Month/Date/Year

Medical School Name: _____ Graduation Date: _____
Month/Date/Year

☐ **FELLOW APPLICATION**—I certify I am in a _____ fellowship at _____
Specialty

Name of Institution

Date Program Began/Begins: _____ Date Program Ends: _____
Month/Date/Year Month/Date/Year

Medical School Name: _____ Graduation Date: _____
Month/Date/Year

Completed Residency at: _____
Name of Institution

Residency End Date: _____
Month/Date/Year

Program Director or Department Chair Verification

I certify this applicant is a ☐ resident or ☐ fellow at the above-named institution.

Program Director/Department Chair Name: _____

Email: _____ Phone: _____

Program Director/Department Chair Signature: _____

☐ **MEDICAL STUDENT APPLICATION**—I certify I am attending medical school at:

Name of Institution Location

Date Program Began/Begins: _____ Date Program Ends: _____
Month/Date/Year Month/Date/Year

Dean of Medical School Verification

I certify this applicant is a medical student at the above-named institution.

Name of Dean of Medical School: _____

Email: _____ Phone: _____

Dean of Medical School Signature: _____

Applicant's Signature: _____ Date: _____