AOSR Individual Membership Application Form

*Please fill out this form, attach related documents and submit to the AOSR Office (office@aosr.kr).

** Please add attachments if space provided is insufficient for your entries

1. Applicant Individual Information	
Title	☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms. ☐ Other _____
First Name	
Middle name	
Last Name	
Nationality	
Institute Name/Department	
E-mail Address	
Contact Address	Address: City: State/Province: Zip/Postal Code: Country:
Phone Number	

2. Professional Information		
Education Information	Medical/University School Name: Degree: Year of Graduation: *(If applicable)* Graduate/Post Graduate institute: Degree: Year of Qualification:	Country:
**Residency Training	Institution Name: Year of Completion:	Country:
**Fellowship Training	Institution Name: Duration of Fellowship:	Country: Year of Completion:
**Other Education(s)	Degree:	Year of Completion:
Specialty	**Profession Specialty** - ***Please choose that which applies (if there is more than one, indicate the primary specialty)*** ☐ Diagnostic Radiology ☐ Interventional Radiology ☐ Radiation Oncology ☐ Medical Sciences ☐ Nuclear Medicine ☐ Others (specify): _____ **Areas of Practice and/or Interest** ☐ General Diagnostic Radiology ☐ Neuroradiology ☐ Nuclear Medicine ☐ Cardiac Imaging ☐ Breast Imaging ☐ Pediatric Imaging ☐ Chest Imaging ☐ Ultrasound ☐ Radiation Oncology ☐ Emergency Radiology ☐ Interventional ☐ Artificial Intelligence ☐ Gastrointestinal Imaging ☐ Vascular ☐ Theranostics ☐ Genitourinary Imaging ☐ Musculoskeletal Imaging ☐ Others (specify): _____	

3. Attachments – Please submit the related documents with the application form	
Attachments	- CV with Photo - Copy of qualifications (medical, specialty training and others) - Any other relevant supporting documents