

International Membership of the Korean Society of Radiology

Join KSR Now!

Welcome to Korean Society of Radiology which was established in 1945. KSR is the official society representing all physicians of Korea in the field of Radiology. When you join KSR, you are provided with many valuable benefits.

Benefits

- Free Membership Dues
- Discount of KCR registration fee and a chance to participate in KCR award program
- Free online access to Korean Journal of Radiology (KJR)
- Free online access to KSR website and E-learning system
- Free subscription to KSR news
- Prior consideration in KSR fellowship

Requirements for International Membership

- International Membership is only for non-Korean experts.
- International Members are radiologists, medical Physicists, radiologic scientists, and experts who have a related degree of radiology.
- International Members are recommended to attend the Korean Congress of Radiology.
- International Members shall be approved by the Board of Directors of KSR.

Application for International Membership

- Application by e-mail (office@radiology.or.kr) with fill-up of application form and a copy of your curriculum vitae
- Application on KSR webpage (<http://www.radiology.or.kr/eng>)

Maintenance of Membership

- Membership is effective upon processing of application and activation of new membership account.
- *Membership extends from January 1 to December 31 of the calendar year, regardless of joining date.
- International Membership is valid for three years.
- International Member should submit renewal form of International Membership to KSR via webpage before termination.
- International Membership could be terminated on written or email request from the member.
- International membership could be terminated by agreement in KSR board of directors, in case of one's hazardous activity against KSR.

Application for KSR International Membership

Please type or print

Send completed form to:

The Korean Society of Radiology
 71, Yangjaecheon-ro, Seocho-gu,
 Seoul 06754, Korea
 Tel: +82-2-578-8003 / Fax: +82-2-529-7113
 E-mail: office@radiology.kr

First Name: _____ **Last Name** _____
Degrees: _____ M.D PH.D M.B etc (_____)
Date of Birth (Month/Date/Year) _____ **Male** **Female**
Specialty: _____ (i.e., diagnostic radiology, radiation oncology, medical physics)
Subspecialty: _____

Home Address:

Zip Code:

Country/ City:

Office Address:

Zip Code:

Country/City:

Home Phone:

Office Phone

E-mail:

Fax:

Education (list name of institution, years attended, and degree(s) received):

1. Graduate (Medical School, Graduate School, etc):

2. Postgraduate (Internships, Residencies, Fellowships, etc):

I agree to abide by the current bylaws and any revision thereof:

I certify that the foregoing statements are true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause for rejection of this application or the termination of the membership.

Signature of Applicant

Date