



Retired Request Form

In accordance with American College of Radiology® (ACR®) Bylaws, Article II, Section 6, “Retired Member or Fellow status may be granted upon application of a Member or Fellow who has fully retired from professional practice. A Retired Member or Fellow shall be relieved from payment of dues, have the right to be appointed to commissions, committees and task forces and to serve in elected College office only during the first six years following the date of retirement. Notwithstanding the above, retired members are not eligible to serve on the BOC.”

Retired members are not eligible to apply for FACR. In accordance with the ACR Bylaws, “Members who are fully retired may be eligible to be elected as Fellow Emeriti under extraordinary circumstances.” If the requirement for “extraordinary circumstances” is met, an online application must be submitted for consideration.

I request a change in my status with the ACR from active to retired. I have read and understand ACR requirements for making such requests and understand that I must pay dues for any year in which I worked. I also understand I may be responsible for paying chapter dues. (You may call Member and Customer Service at 800-347-7748, to discuss chapter dues owed.)

I certify that I fully retired from professional practice on (fill in date) _____.

Signature

Date

Please update our records (the information will be used to continue to send any ACR materials).

Member Name

Primary Home Address

Secondary Home Address

City, State, Zip

City, State, Zip

Primary Home Phone

Secondary Home Phone

Primary Email Address

Secondary Email Address

I am at my Primary Home Address from _____ (date) to _____ (date).

Per ACR policy, we will process your request only if we have a valid home mailing address on file for you.

Please email the completed form to: membership@acr.org