



**Northwest Chapter of the
Association for Radiological and Imaging Nursing**



Membership / Renewal Form

This form can be filled out on-line and printed, or printed blank and filled in my hand. Entries will not be saved if the form is closed prior to printing.

Makes checks payable to NWARIN and mail with this form to:

NWARIN
c/o Connie Flores
315 7th Ave South
Kirkland, WA 98033

First name

Last name

Credential: [RN, RT or other]

Address line 1

Address line 2

City State Zip code

Phone Cell

Email address

Hospital or Imaging Center

Title

Interest areas of practice:

Please indicate if this is a new membership or a renewal: New Member Renewal

Please indicate amount enclosed (\$12.50 for ARIN member, otherwise \$25.00): \$25.00 \$12.50

If you are an ARIN member please provide membership number