Application for Membership

Individuals interested in becoming SWGIT members should submit this completed application along with a current curriculum vitae (CV) to the Chairman at chair@swgit.org or FAX (404)469-4621

Personal Information:

Title: _____ Name: _____

Organization: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Qualifications:

Education: _____

_____

_____

Specialized Training/Experience:

_____

_____

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_____

What you can contribute to SWGIT:

_____

_____

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_____

For consideration, a copy of your current CV must be submitted with this form.

Financial Disclosure:

All applicants must disclose any direct financial relationship that they or any members of their immediate family have, or expect to have, with commercial vendors of imaging hardware, software, or training services.

Do you or any member of your immediate family, own (or expect to own in the next one-year period), greater than 5% ownership of or interest in a commercial venture involving imaging hardware, software, or training services?

☐ Yes ☐ No If yes, please explain: _____

_____

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Do you or any member of your immediate family have (or expect to have in the next one-year period), a consulting agreement with a commercial concern regarding imaging hardware, software, or training services whereby compensation is paid?

☐ Yes ☐ No If yes, please explain: _____

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Do you or any member of your immediate family have (or expect to have in the next one-year period), direct employment by a commercial concern regarding imaging hardware, software, or training services?

☐ Yes ☐ No If yes, please explain: _____

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