



**NORTH
CENTRAL
CHAPTER**

**APPLICATION
FOR MEMBERSHIP**

Name (please print): _____

Employer: _____

Business Address: _____

Home Address: _____

Address to be used for Membership Handbook: business / home.

Email: _____

Telephone: Business _____ Home phone _____ Fax _____

Check the Membership Classification that applies to you:

- | <u>Classification</u> | <u>Annual Dues</u> |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Voting | \$10.00 |
| <input type="checkbox"/> Student* | none <input type="checkbox"/> Renewal |

* Student members must renew yearly.
Sponsor's signature must accompany first application.

Check those organizations in which you hold a membership or certification.

- Health Physics Society (ABHP Certification)
- National Registry of Radiation Protection Technologists
- American Board of Radiology
- American Association of Physicists in Medicine
- other: _____

If you are not a member of one of the above organizations, indicate the extent to which you have an interest in radiological health problems, how your present occupation relates to health physics, or why you desire membership in the chapter.

Applicant's Signature _____ Date _____

* Student applicants only: The applicant is presently enrolled as a student.
Sponsor's Signature _____

ANNUAL DUES SHOULD ACCOMPANY THIS APPLICATION.

Make check payable to: **North Central Chapter, Health Physics Society.**

Forward application and dues to: Mike Lewandowski
NCCHPS Secretary/Treasurer
Corporate Health Physics
3M Center, Bldg. 220-6W-08
St. Paul, MN 55144

Executive Council Approval

