



Application for Membership

Name (please print): _____

Employer: _____

Business Address: _____

Home Address: _____

Email: _____

Phone: Business _____ Home _____

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, please tell us why you desire membership in the chapter.

Applicant's Signature _____ Date _____

* Student applicants only: Please note, student applicant must be presently enrolled in school.

Sponsor's Name (printed) and Signature _____

ANNUAL DUES MUST ACCOMPANY THIS APPLICATION.

Make check payable to: **North Central Chapter, Health Physics Society.** Send application and dues to:

Elisabeth Devin, NCCHPS Secretary/Treasurer
501 23rd Ave SE
Mpls, MN 55455

Executive Council Approval
