



Baltimore-Washington Chapter

of the Health Physics Society, Inc.

P.O. Box 4211

Gaithersburg, MD 20885-4211

<http://bwchps.wildapricot.org>

Application for Membership

Applicants may apply using this form or online at <http://bwchps.wildapricot.org/join>.

Please mail this completed form to the address above along with a check for your annual dues. Make all checks payable to the BWCHPS.

Membership Type <input type="checkbox"/> Plenary (\$25.00 dues) <input type="checkbox"/> Student (\$10.00 dues)	Application Type <input type="checkbox"/> New <input type="checkbox"/> Renewal
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Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	_____
	First, Middle Initial, Last

Contact Information For Directory (will be listed in chapter directory)			
Employer	_____		
Job Title	_____		
Address	_____ _____		
City	State	Zip Code	_____
Work Phone	Home Phone	_____	
Work Fax	_____		
Work E-mail	Other E-mail	_____	

Mailing Address (if different from above)		
Address	_____ _____	
City	State	Zip Code

National Health Physics Society Membership (select membership type)				
<input type="checkbox"/> Full	<input type="checkbox"/> Early Career	<input type="checkbox"/> Associate	<input type="checkbox"/> Fellow	<input type="checkbox"/> Emeritus
<input type="checkbox"/> Life	<input type="checkbox"/> Affiliate	<input type="checkbox"/> Student	<input type="checkbox"/> Section	<input type="checkbox"/> N/A

Professional Certifications (indicate all that apply)

- CHP NRRPT CIH ABR CSP PE CHMM
 AAHP, Associate Member (passed Part I or II) Other _____

Employment Category (check one which is most appropriate)

- | | | |
|---|--|--|
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Medical/Hospital | <input type="checkbox"/> Power Plant |
| <input type="checkbox"/> State/Local Government | <input type="checkbox"/> University | <input type="checkbox"/> Industry |
| <input type="checkbox"/> Military | <input type="checkbox"/> National Laboratory | <input type="checkbox"/> Sales/Marketing |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> International | <input type="checkbox"/> Retired |

Job Function (check two most appropriate)

- | | | |
|---|---|--|
| <input type="checkbox"/> Accelerators | <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Radiation Biology |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Lasers | <input type="checkbox"/> Radiochemistry |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Medical Physics | <input type="checkbox"/> Radiation Surveys |
| <input type="checkbox"/> Decommissioning | <input type="checkbox"/> Non-Ionizing | <input type="checkbox"/> Regulations/Standards |
| <input type="checkbox"/> Dosimetry | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Research Reactor |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Operational HP | <input type="checkbox"/> Research |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Power Reactor | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Environmental Monitoring | <input type="checkbox"/> Personnel Monitoring | <input type="checkbox"/> Waste Management |

I hereby apply for membership in the Baltimore-Washington Chapter of the Health Physics Society. If accepted, I agree to comply with the chapter's bylaws, rules, and procedures described on the BWCHPS website.

Signature

Date

For Administrative Use

Application Received Date

Amount Dues Received

Acceptance Date

Recorded By