



# Baltimore-Washington Chapter

of the Health Physics Society, Inc.

P.O. Box 4211

Gaithersburg, MD 20885-4211

<http://bwchps.wildapricot.org>

## Application for Affiliate Membership

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

Please mail this completed form to the address above with dues of \$250.00 payable to the BWCHPS. Affiliates should designate one individual on this form as their organization's representative. This individual is offered complimentary plenary membership in the chapter and will be listed on the BWCHPS website and in the chapter's online directory. To receive this membership, the selected representative should submit an application for plenary membership in the chapter. Additional dues are not required because the plenary membership is already included in the Affiliate membership dues.

### Business Contact Information (this information will be listed on the BWCHPS website)

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Representative \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web Address \_\_\_\_\_

**I hereby apply for Affiliate 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 \_\_\_\_\_