



HEALTH PHYSICS SOCIETY

1313 Dolley Madison Blvd., Suite 402
McLean, VA 22101
(703) 790-1745; FAX: (703) 790-2672

APPLICATION FOR AFFILIATE MEMBERSHIP

New or Renewal

Class A Class B Class C Class D

Please make changes to label in the space below:

ORGANIZATION: _____

CONTACT: _____

PHONE: _____ FAX: _____

EMAIL: _____

MAILING ADDRESS: _____

WEB SITE ADDRESS: _____

In the space below (and on another sheet of paper, as needed), provide a brief resume of your organization's radiation protection activities. Also, please include any pertinent literature as background information. If enclosing product brochures, please include seven copies. **NOTE: ONLY NEW MEMBERS NEED TO PROVIDE THIS**

Application submitted by:

Name

Title

Date

2005 AFFILIATE MEMBERSHIP

Spokane, WA, July 10-14, 2005

	Annual Dues	*Annual Meeting Booth Space	Annual Complimentary Use of Membership List
Class A	\$3,800.00	3	Twice
+Class B	\$2,600.00	2	Once
+Class C	\$1,400.00	1	None
+Class D	\$ 500.00	None	None

All Affiliates receive the following:

- 1) Monthly Journal, *Health Physics*
- 2) Monthly Health Physics Society Newsletter
- 3) Annual Membership Handbook
- 4) Use of the HPS mailing list with payment of service charges
- 5) Booth space (included with membership) at a lower rate than for non member exhibitors
- 6) Special listings on the Journal, web and the Membership Handbook.
- 7) Link on the HPS Home Page

*An Affiliate Member shall not engage in direct selling while exhibiting at the Annual Meeting.

+May be increased to higher Affiliate Class at any time during the calendar year by payment of dues specified for the higher class (less the amount already paid for the lower Affiliate class membership).

A check, VISA, MasterCard, Discover or American Express payment for the proper amount must accompany this form. All checks must be made in US Dollars, drawn on US Banks. US Postal Money Orders and US Travelers Checks will also be accepted. ANYTHING ELSE WILL BE RETURNED.

VISA
 MasterCard
 American Express
 Discover
 Check Enclosed

Card # _____ Exp. Date _____

Cardholder Name _____ Signature _____

Credit Card Billing Address: _____

HPS EXECUTIVE COMMITTEE APPROVAL:

(please initial and date)

PRESIDENT _____

PRESIDENT-ELECT _____

PAST PRESIDENT _____

SECRETARY _____

SECRETARY-ELECT _____

TREASURER _____

TREASURER-ELECT _____

HPS Office Use:

Date Paid: _____ Amount: _____

Method of Payment: Check # _____

Credit Card