**For Student Members Only** (Professor’s Signature REQUIRED)

I certify that the above-named Student is enrolled in a degree program:

_________________________ Signature

**TO RENEW BY CREDIT CARD**- Go to HPS.ORG/membersonly

Credit Cards accepted online are American Express, MasterCard and Visa.

If not paying online, please return this form and payment to HPS, 950 Herndon Parkway, Suite 450, Herndon, VA 20170.


PLEASE keep our database current, go online to update your address, email, change your specialties, employment or demographics: login at hps.org/membersonly. Thank you.
Information on changing your classification

☐ I would like an application to change my membership classification. Please pay your full dues as indicated on the form to avoid a lapse in your membership.

☐ I would like to apply for Emeritus Status in the Society and I meet all three of the following requirements:
  1. I am 60 years old or have ceased to function professionally in the field of radiation protection because of a permanent disability and
  2. I have retired from active employment and
  3. I have been a member of the Society for at least the past ten years.

Emeritus Membership is available to those individuals who meet the above requirements.

__________________________  __________________________
Signature                   Indicate Chapter Membership

Dues payments to the HPS are NOT deductible as charitable contributions for Federal Income Tax Purposes. However, dues payments may be deductible as an “ordinary and necessary” business expense. In accordance with IRC section 1-162, 5% of your 2020 annual dues are non-deductible for Federal Income Tax Purposes. Please keep a copy of this notice for use in preparing your tax return.

Please fold so that the address appears in the window of the envelope.