



HEALTH PHYSICS SOCIETY

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2017 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

