



# HEALTH PHYSICS SOCIETY

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

## 2009 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

