



950 Herndon Parkway, Suite 450 • Herndon, VA 20170  
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# 2020 APPLICATION FOR AFFILIATE MEMBERSHIP

- New
- Renewal

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 2020 AFFILIATE MEMBERSHIP

**\$375/calendar year per organization**

## Member Benefits:

- Monthly Journal, Health Physics
- Monthly Online Health Physics Society Newsletter
- Opportunity to send an email blast to HPS membership from HPS Headquarters\*
- Special listings in the Journal, and on the HPS website
- Exclusive discounts on advertising in the Journal
- Link on the HPS Affiliates Page
- Listing in the HPS Buyer's Guide
- Booth space at the HPS Annual Meeting at a lower rate than for non-member exhibitors

\* Subject to payment of service charges of (\$250) per email and approval of HPS business office. This is restricted to one Affiliate email blast per month and is not available the month of the HPS meeting. If two requests are received the first one will be accepted, then the second will be sent the next month.

## 2020 Exhibitor Booth Fees: (rates per 10'x10' booth)

HPS Affiliate Member Booth	\$ 2,050
HPS Affiliate Member Additional Booth	\$ 1,850
Non-Member Booth	\$ 2,300
Non-Member Additional Booth	\$ 2,100

A check, VISA, MasterCard 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     Check Enclosed

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ CV2# \_\_\_\_\_

Signature \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Cardholder Email: \_\_\_\_\_

## HPS EXECUTIVE COMMITTEE APPROVAL:

(please initial and date)

PRESIDENT \_\_\_\_\_

PRESIDENT-ELECT \_\_\_\_\_

PAST PRESIDENT \_\_\_\_\_

SECRETARY \_\_\_\_\_

SECRETARY-ELECT \_\_\_\_\_

TREASURER \_\_\_\_\_

TREASURER-ELECT \_\_\_\_\_

### HPS Office Use:

Date Paid: \_\_\_\_\_ Method of Payment:

Amount: \$ \_\_\_\_\_  Check # \_\_\_\_\_

Credit Card