



# HEALTH PHYSICS SOCIETY

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

## 2018 APPLICATION FOR AFFILIATE MEMBERSHIP

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> New     | <input type="checkbox"/> Class A |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Class B |
|                                  | <input type="checkbox"/> Class C |
|                                  | <input type="checkbox"/> Class D |

Please make changes to label in the space below:

ORGANIZATION: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WEB SITE ADDRESS: \_\_\_\_\_

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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

# 2018 AFFILIATE MEMBERSHIP

15-19 July • Cleveland, OH

	Annual Dues	*Annual Meeting Booth Space	Annual Complimentary Use of Membership List
Class A	\$5,450.00	3	Twice
+ Class B	\$3,700.00	2	Once
+ Class C	\$1,950.00	1	None
+ Class D	\$ 550.00	None	None

All Affiliates receive the following:

1. Monthly Journal, Health Physics
2. Monthly Online Health Physics Society Newsletter
3. Use of the HPS mailing list with payment of service charges
4. Booth space (included with membership) at a lower rate than for non member exhibitors
5. Special listings in the Journal, and on the HPS website
6. Link on the HPS Affiliates Page
7. Listing in the HPS Buyer's Guide

\* 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 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