

2018 Membership Invoice

RENEWAL ONLY

Health Physics Society

1313 Dolley Madison Blvd, Suite 402 / McLean, VA 22101

703-790-1745; Fax: 703-790-2672

Web Site: hps.org/Email: HPS@BurkInc.com

Federal Tax Id: 04-6050367

Date: _____

Person Id: _____

Name: _____

Company: _____

Address: _____

City, State and Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Dues Deadline: December 31, 2017-after March 1, 2018-add \$5.00 late fee

- | | |
|--|----------|
| <input type="checkbox"/> Full Membership | \$185.00 |
| <input type="checkbox"/> Early Career 1-3 | \$150.00 |
| <input type="checkbox"/> Associate Membership | \$185.00 |
| <input type="checkbox"/> Early Associate Membership Year 1-3 | \$150.00 |
| <input type="checkbox"/> Fellow Membership | \$185.00 |
| <input type="checkbox"/> Student Membership** | \$40.00 |
| <input type="checkbox"/> Emeritus Membership | \$75.00 |
| <input type="checkbox"/> Emeritus Fellow Membership | \$75.00 |

Sections:

- | | |
|--|-----------|
| <input type="checkbox"/> Accelerator | \$5.00 |
| <input type="checkbox"/> AIRRSS (RSO) | \$5.00 |
| <input type="checkbox"/> Decommissioning | \$5.00 |
| <input type="checkbox"/> Environmental/Radon | \$5.00 |
| <input type="checkbox"/> Homeland Security | \$5.00 |
| <input type="checkbox"/> Instrumentation | \$5.00 |
| <input type="checkbox"/> Medical HP | \$5.00 |
| <input type="checkbox"/> Military Health Physics | \$5.00 |
| <input type="checkbox"/> NonIonizing Radiation Section | \$5.00 |
| <input type="checkbox"/> Power Reactor | \$5.00 |
| <input type="checkbox"/> Contribution for Public Education | |
| <input type="checkbox"/> Contribution for E/R Scholarship | \$____.00 |

SURVEY OPTIONAL

- | | |
|------------|---------------------------|
| <i>Age</i> | <i>Affirmative Action</i> |
| Under 20 | Male |
| 20-29 | Female |
| 30-39 | |
| 40-49 | Asian |
| 50-59 | Black |
| 60 Over | Caucasian |
| | Hispanic |
| | Native American |
| | Other |

Total Payment: \$_____

****For Student Members Only** (Professor's Signature **REQUIRED**): I certify that the above named Student is enrolled in a degree program:

Signature

Payment: Check Visa MasterCard American Express

Card Number: _____ Expiration Date: _____ CV2: _____ (credit card security code)

Credit Card Billing Address: _____ City _____ State _____ Zip _____

Card Holder Name: _____ Signature: _____

Card Holder Email: _____

- | | | |
|--|---|--------------------------------------|
| Specialties: (You may choose a maximum of 2) (spec1) (spec2) | Employment (Choose one) (TO) | Highest Degree attained |
| <input type="checkbox"/> (01) Accelerators | <input type="checkbox"/> (90) Government | <input type="checkbox"/> High School |
| <input type="checkbox"/> (02) Administration | <input type="checkbox"/> (91) Industrial | <input type="checkbox"/> Associates |
| <input type="checkbox"/> (03) Applied HP | <input type="checkbox"/> (92) Medical | <input type="checkbox"/> BA/BS |
| <input type="checkbox"/> (04) Dosimetry | <input type="checkbox"/> (93) National Laboratory | <input type="checkbox"/> MA/MS |
| <input type="checkbox"/> (05) Education | <input type="checkbox"/> (94) University | <input type="checkbox"/> MD |
| <input type="checkbox"/> (06) Instrumentation | <input type="checkbox"/> (95) Other _____ | <input type="checkbox"/> PhD |
| <input type="checkbox"/> (07) Medical Physics | <input type="checkbox"/> (96) Private Practice | |
| <input type="checkbox"/> (08) Monitoring, Environmental | <input type="checkbox"/> (97) Military | |
| <input type="checkbox"/> (09) Monitoring, Personnel | | |
| <input type="checkbox"/> (10) Nonionizing Radiation | | |
| <input type="checkbox"/> (11) Nuclear Fuel Cycle | | |
| <input type="checkbox"/> (12) Nuclear Medicine | | |
| <input type="checkbox"/> (13) Radiation Biology | | |
| <input type="checkbox"/> (14) Radiation Safety/Surveys | | |
| <input type="checkbox"/> (15) Radiochemistry | | |
| <input type="checkbox"/> (16) Radiological Assessment | | |
| <input type="checkbox"/> (17) Reactors, Other | | |
| <input type="checkbox"/> (18) Reactors, Power | | |
| <input type="checkbox"/> (19) Regulation/Standards | | |
| <input type="checkbox"/> (20) Research | | |
| <input type="checkbox"/> (21) Waste Management | | |
| <input type="checkbox"/> (22) Other _____ | | |

Please return this form and payment to HPS, 1313 Dolley Madison Blvd, Suite 402, McLean, VA 22101 or fax to 703-790-2672. Make changes and renew your membership online at hps.org/membersonly. Thank you.

All payments must be made in US dollars, Drawn on US Banks, US Postal Money Orders, US Travelers Checks, American Express, MasterCard and Visa will also be accepted.

Information on changing your classification

- o 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.
- o 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 2018 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 provided.

Health Physics Society
1313 Dolley Madison Blvd
Suite 402
McLean, VA 22101
USA