



950 Herndon Parkway, Suite 450 • Herndon, VA 20170
(703) 790-1745 • FAX: (703) 790-2672

2021 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: _____

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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

2021 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.

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