



## Lake Mead Chapter of the Health Physics Society

### MEMBERSHIP APPLICATION FORM

**Date:** \_\_\_\_\_

**Membership Year:** 2007

**Name (last, first):** \_\_\_\_\_

**Company Name or Agency (if appl.):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Fax:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
Street

Work \_\_\_\_\_  
Home \_\_\_\_\_  
City State Zip

**Home Phone:**(if desired) \_\_\_\_\_ **Cell:** (if desired) \_\_\_\_\_

**Preferred E-mail Address:** \_\_\_\_\_

**Secondary Email Address (if desired):** \_\_\_\_\_

**Are you a current member of the National HPS:** Yes  No   
(National Membership is not required)

#### Certifications held:

PhD  CHP  CHMM  CSP  CIH  CET  REM  N/A

Other Certification(s) \_\_\_\_\_

Are you interested in running for future Lake Mead Chapter office? Yes  No

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**Please mail completed form and dues to:** Thomas Bastian  
(or hand deliver) 2090 S. Mohawk St.  
Las Vegas, NV 89146  
Work 702-821-7368

\*This information is kept strictly for Lake Mead Chapter business.

\*Annual Dues are \$10.00. Checks should be made payable to the Lake Mead Chapter.  
(Dues are not prorated for partial year membership)