



**NORTH  
CENTRAL  
CHAPTER**

**APPLICATION  
FOR MEMBERSHIP**

**Name (please print):** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Mail should be sent to:** \_\_\_\_\_ business / \_\_\_\_\_ home.

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

**Telephone:** Business \_\_\_\_\_ Home phone \_\_\_\_\_ Fax \_\_\_\_\_

**Check the Membership Classification that applies to you:**

<u>Classification</u>	<u>Annual Dues</u>
_____ Voting	\$10.00
_____ Student*	none    Renewal _____

\* Student members must renew yearly.  
Sponsor's signature must accompany first application.

**Check those organizations in which you hold a membership or certification.**

- \_\_\_\_\_ Health Physics Society (\_\_\_\_\_ ABHP Certification)
- \_\_\_\_\_ National Registry of Radiation Protection Technologists
- \_\_\_\_\_ American Board of Radiology
- \_\_\_\_\_ other: \_\_\_\_\_

**If you are not a member of one of the above organizations, indicate the extent to which you have an interest in radiological health problems, how your present occupation relates to health physics, or why you desire membership in the chapter.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\* Student applicants only: The applicant is presently enrolled as a student.  
Sponsor's Signature \_\_\_\_\_

**ANNUAL DUES SHOULD ACCOMPANY THIS APPLICATION.**

Make check payable to: **North Central Chapter, Health Physics Society.**

Forward application and dues to: David Paulu  
NCCHPS Secretary/Treasurer  
University of Minnesota  
410 Church St SE  
W-140 Boynton Helath Service  
Minneapolis, MN 55455

Executive Council Approval

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