



**NORTH
CENTRAL
CHAPTER**

**APPLICATION FOR
AFFILIATE MEMBERSHIP**

Company	
Web Site	
Midwest Representative	
Phone	
Fax	
E-mail	
<p>Briefly explain your interest in radiation protection and/or service provided which would interest the NCCHPS membership.</p>	
<p>Listing of information on your products and services on the NCCHPS web site is included in the annual dues. Provide that information below. You may e-mail the listing information to Christopher Kessler at kessler.christopher@marshfieldclinic.org</p>	

ANNUAL DUES OF \$25 SHOULD ACCOMPANY THIS APPLICATION.

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

Forward form and dues to:
 Christopher Kessler, CHP
 Radiation Safety Officer
 Marshfield Clinic
 1000 North Oak Ave., GR1
 Marshfield, WI 54449

Executive Council Approval

