



**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: Kimberly Knight-Wiegert
NCCHPS Secretary/Treasurer
Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, WI 53226

Executive Council Approval

