



**NORTH  
CENTRAL  
CHAPTER**

**AFFILIATE MEMBERSHIP  
RENEWAL FORM**

<b>Company</b>		
<b>Web Site</b>		
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**ANNUAL DUES OF \$25 SHOULD ACCOMPANY THIS APPLICATION.**

Listing of information on your products and services on the NCCHPS web site is included in the annual dues. Any changes to your listing information must be included with this renewal. You may e-mail the listing information to Christopher Kessler at [kessler.christopher@marshfieldclinic.org](mailto:kessler.christopher@marshfieldclinic.org)

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
