

SIERRA NEVADA CHAPTER OF THE HEALTH PHYSICS SOCIETY APPLICATION FOR MEMBERSHIP

NAME: _____

E-MAIL ADDRESS: _____

ORGANIZATION: _____

WORK ADDRESS: _____

WORK TELEPHONE: _____ FAX: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ FAX: _____

Are you a member of the national **Health Physics Society**? **Circle** Yes No

Are you a Certified Health Physicist? **Circle** Yes No

Where do you want correspondence sent (work or home)? _____

Which areas of Health Physics interest you? (Medical, Environmental, Instrumentation, or ?)

The top portion of this application is used for the membership directory. The bottom portion is a record of dues payment.

NAME: _____

Annual Dues: \$5.00 (For the term of April through the following March)

Received: _____ by: _____

Please make checks payable to:

"SIERRA NEVADA CHAPTER OF THE HEALTH PHYSICS SOCIETY"

And mail the application and check to:

SIERRA NEVADA CHAPTER OF THE HEALTH PHYSICS SOCIETY
P.O. BOX 160414
SACRAMENTO, CA 95816-0414