



## Baltimore-Washington Chapter

of the Health Physics Society, Inc.

P.O. Box 4211

Gaithersburg, Maryland 20885-4211

www.bwchps.org

### Application for Affiliate Membership

**Company**

**Address** (information to be listed in Membership Handbook)

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\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Business E-mail \_\_\_\_\_

Would you like to receive Chapter announcements through E-mail?  Yes  No

Please include one completed application for general membership in the Chapter. This membership is included in the Affiliate dues. This individual will be the designated contact for the Company and will be listed as a Plenary member in the Chapter's Membership Handbook.

Please include dues of \$250.00 for the current year, payable to BWCHPS.

I hereby apply for membership in the Baltimore-Washington Chapter of the Health Physics Society, Inc. If accepted, I agree to comply with the Chapter's bylaws, rules, and procedures.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**