



**Baltimore-Washington Chapter**  
of the Health Physics Society, Inc.  
P.O. Box 4211  
Gaithersburg, Maryland 20885-4211  
[www.hpschapters.org/bwc/](http://www.hpschapters.org/bwc/)

## Application for Membership

Membership Type	Application Type
<input type="checkbox"/> Plenary (\$25.00)	<input type="checkbox"/> New
<input type="checkbox"/> Student (\$10.00)	<input type="checkbox"/> Renewal

Title & Name	
<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
<input type="checkbox"/> Other	_____
	First, M.I., Last

Membership Handbook Address and Information		
_____ Employer (optional)		
_____ Department (optional)		
_____ Address		
_____ Address		
_____ City	_____ State	_____ Zip
_____ Work Phone	_____ Home Phone	
_____ Work Fax (optional)		
_____ Work E-mail	_____ Personal E-mail	

Mailing Address (if different from above)		
_____ Employer (optional)		
_____ Department (optional)		
_____ Address		
_____ Address		
_____ City	_____ State	_____ Zip

(over)

**National Health Physics Society Membership**

- Plenary     Fellow     Associate     Student     Other     N/A

**Certifications (check all that apply)**

- CHP     NRRPT     CIH     ABR     CSP     PE     CHMM  
 Associate Member, AAHP (Passed Part I or Part II)     Other \_\_\_\_\_

**Employment (check one most appropriate)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Federal Government     | <input type="checkbox"/> Medical/Hospital    | <input type="checkbox"/> Power Plant     |
| <input type="checkbox"/> State/Local Government | <input type="checkbox"/> University          | <input type="checkbox"/> Industry        |
| <input type="checkbox"/> Military               | <input type="checkbox"/> National Laboratory | <input type="checkbox"/> Sales/Marketing |
| <input type="checkbox"/> Consulting             | <input type="checkbox"/> International       | <input type="checkbox"/> Retired         |

**Job Function (check two most appropriate)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accelerators             | <input type="checkbox"/> Instrumentation      | <input type="checkbox"/> Radiation Biology       |
| <input type="checkbox"/> Administration           | <input type="checkbox"/> Lasers               | <input type="checkbox"/> Radiochemistry          |
| <input type="checkbox"/> Consulting               | <input type="checkbox"/> Medical Physics      | <input type="checkbox"/> Radiological Assessment |
| <input type="checkbox"/> Decommissioning          | <input type="checkbox"/> Non-ionizing         | <input type="checkbox"/> Regulations/Standards   |
| <input type="checkbox"/> Dosimetry                | <input type="checkbox"/> Nuclear Medicine     | <input type="checkbox"/> Research                |
| <input type="checkbox"/> Education/Training       | <input type="checkbox"/> Operational HP       | <input type="checkbox"/> Research Reactor        |
| <input type="checkbox"/> Emergency Management     | <input type="checkbox"/> Personnel Monitoring | <input type="checkbox"/> Surveys                 |
| <input type="checkbox"/> Environmental Monitoring | <input type="checkbox"/> Power Reactor        | <input type="checkbox"/> Waste Management        |

**Chapter Communication Preferences**

- Would you like to receive Chapter announcements via e-mail?     Yes     No
- Would you like to receive the Chapter Newsletter via e-mail?     Yes     No
- Which is your preferred e-mail address?     Work     Personal
- Do you need or prefer to receive meeting announcements via regular mail because you don't have timely access to e-mail?     Yes     No

**BWCHPS Committees and Activities (check any that interest you)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Program & Social       | <input type="checkbox"/> Certification Review Course | <input type="checkbox"/> Membership & Publicity |
| <input type="checkbox"/> Finance                | <input type="checkbox"/> Science Teacher Workshops   | <input type="checkbox"/> Affiliates             |
| <input type="checkbox"/> Nominating & Elections | <input type="checkbox"/> Newsletter & Publications   | <input type="checkbox"/> Internet               |
| <input type="checkbox"/> Education & Training   | <input type="checkbox"/> Public Information          | <input type="checkbox"/> Legislative            |

**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**

Please mail your completed application and check (payable to BWCHPS) to:

**BWCHPS  
P.O. Box 4211  
Gaithersburg, MD 20885-4211**

**Chapter Use**

\_\_\_\_\_  
Application

\_\_\_\_\_  
Dues

\_\_\_\_\_  
Entered

\_\_\_\_\_  
By