



Carl Bergsagel  
 Secretary-CCHPS  
 Radiation Oncology (S-174)  
 VA Medical Center  
 1660 S. Columbian Way  
 Seattle, WA 98108  
 Phone: 206-768-5333  
 Fax: 206-768-5331  
 E-mail: cascadechapterhps@gmail.com

## APPLICATION FOR MEMBERSHIP

Name: Mr. \_\_\_  
 Ms. \_\_\_  
 Dr. \_\_\_

*Last*                                      *First*                                      *M.I.*                                      *Preferred Name*

Position or Job Title: \_\_\_\_\_

Employer or Company: \_\_\_\_\_

Contact Information:

\_\_\_\_\_

*Street Address*                                      *P.O. Box / Mailstop*

\_\_\_\_\_

*City*                                      *State*                                      *Zip Code*

\_\_\_\_\_

*Phone Number*                                      *E-mail Address*

This address is my  home  work address.                      An e-mail address is required to receive the chapter newsletter.

### Affiliations and Certifications

- |  |  |
|--|--|
| <input type="checkbox"/> American Association for the Advancement of Science<br><input type="checkbox"/> American Association of Physicists in Medicine<br><input type="checkbox"/> American Academy of Health Physics<br><input type="checkbox"/> American Board of Health Physics Certified<br><input type="checkbox"/> American Conference of Governmental Industrial Hygienists<br><input type="checkbox"/> American Nuclear Society<br><input type="checkbox"/> American Industrial Hygiene Association<br><input type="checkbox"/> American Physical Society | <input type="checkbox"/> American Public Health Association<br><input type="checkbox"/> Conference of Radiation Control Program Directors<br><input type="checkbox"/> Health Physics Society<br><input type="checkbox"/> National Registry of Radiation Protection Technicians Certified<br><input type="checkbox"/> Radiation Research Society<br><input type="checkbox"/> Society of Nuclear Medicine<br><input type="checkbox"/> Other: _____ |
|--|--|

Membership categories and annual dues are shown below.

Please indicate the type of membership you are requesting.

- |  |  |
|--|--|
| <input type="checkbox"/> Plenary (\$25.00) | <input type="checkbox"/> Student (\$12.50)       |
| <input type="checkbox"/> Fellow (\$25.00)  | <input type="checkbox"/> Emeritus (\$12.50)      |
| <input type="checkbox"/> Affiliate (\$200) | <input type="checkbox"/> Group (\$20 per person) |

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

Please return this form and your dues payment to the chapter secretary at the address listed at the top of the page.

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

Make checks payable to:  
**Cascade Chapter Health Physics Society or CCHPS**