Application
Cincinnati Radiation Society

Name:_____
Last First Middle

Membership of HPS? []Not a member []Student []Associate []Plenary

Personal Information

Employer Name:_____

Address:_____

City:_____State:_____Zip:_____

Phone Number:_____Fax:_____

Email:_____

Home Address:_____

City:_____State:_____Zip:_____

Phone Number:_____Fax:_____

Certification by: []ABHP []NRRPT []ABIH []ARRT []NMTCB []AAPM []ABR []BCSP
[]Other_____

Employment Information

Job Title:_____

Employment Specialty:(Check all which apply)

[]Accelerators	[]Monitoring, Personnel	[]Reactors, other
[]Administration	[]Nonionizing Radiation	[]Reactors, Power
[]Applied HP	[]Nuclear Fuel Cycle	[]Regulations/Standards
[]Dosimetry	[]Nuclear Medicine	[]Research
[]Education	[]Radiation Biology	[]Waste Management
[]Instrumentation	[]Radiation Surveys	[]Other_____
[]Medical Physics	[]Radiochemistry	
[]Monitoring Enviromental	[]Radiological Assessment	

Employer Category:(Check one)

[]Government	[]Military	[]University
[]Industrial	[]National Laboratory	[]Other_____
[]Medical	[]Private Practice	

Application Certification/Signature

To the membership committee:

I agree to comply with the By-laws and Rules of the Cincinnati Radiation Society as long as I continue as a member.

_____ _____
Signature Date

Approval: CRS President _____ Date _____