



**Florida Chapter**  
of the Health Physics Society  
P.O. Box 358534  
Gainesville, FL 32635-8534  
[www.hpschapters.org/florida](http://www.hpschapters.org/florida)

## Application for Membership

Application Type	Membership Type
<input type="checkbox"/> New	<input type="checkbox"/> Plenary
<input type="checkbox"/> Renewal	<input type="checkbox"/> Emeritus

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

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

National Health Physics Society Membership
<input type="checkbox"/> Plenary <input type="checkbox"/> Fellow <input type="checkbox"/> Associate <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> N/A

Sponsorship
If the applicant is not a current member of the HPS, sponsorship by a member of the FCHPS is required.

Name of FCHPS Sponsor	Signature of FCHPS Sponsor
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<b>Certifications (check all that apply)</b>						
<input type="checkbox"/> CHP	<input type="checkbox"/> NRRPT	<input type="checkbox"/> CIH	<input type="checkbox"/> CRHP	<input type="checkbox"/> CSP	<input type="checkbox"/> PE	<input type="checkbox"/> CHMM

<b>Employment (check all that apply)</b>		
<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

<b>Job Function (check two most appropriate)</b>		
<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"/> Rad. 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"/> Env. Management	<input type="checkbox"/> Personnel Monitoring	<input type="checkbox"/> Surveys
<input type="checkbox"/> Env. Monitoring	<input type="checkbox"/> Power Reactor	<input type="checkbox"/> Waste Management

<b>I hereby apply for membership in the Florida Chapter of the Health Physics Society. If accepted, I agree to comply with the Chapter's Bylaws, rules, and procedures.</b>	
<b>Signature</b>	<b>Date</b>

For your convenience, the completed application can be faxed to the fax number listed below and payments can be made via PayPal from the FCHPS website. If you wish to mail your application and personal check (made payable to FCHPS), please send it to the following address:

FCHPS  
 P.O. Box 358534  
 Gainesville, FL 32635-5834  
**Fax (352) 846-1626**

<b>Chapter Use</b>				
Received	Dues	Approved	Entered	By