



**HOOSIER CHAPTER
HEALTH PHYSICS SOCIETY**
Application for Membership (\$10 Annually)

FOR OFFICE USE ONLY

Date Received: _____
Add'l Info Requested: _____
Elected: _____
Modified: _____

Please print or type all information

Mr Mrs Ms Dr Other _____

Last Name: _____ First Name: _____

Employer: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address (work): _____

Email Address (home): _____

Land Phone Number : (____) _____ Work Home

Mobile Phone Number: (____) _____

Are you currently a member of the National Health Physics Society?

Yes If so, Membership #: _____ No

(If "yes", skip the next sections and sign at the bottom. If "no", complete the following and sign)

Current Employment

Give detailed description of your health physics-related activities (Use additional paper if necessary)

Volunteer Opportunities

Describe any opportunities you would like to be notified of (e.g., Science Teacher workshops, officer, etc)

"I hereby apply for membership in the Hoosier Chapter of the Health Physics Society. If approved, I agree to comply with, the By-laws of the Chapter as long as I continue as a member."

Signature: _____ Date: _____

Send completed application to Thomas.schumacher@va.gov or to (001AS) 1481 W. 10th St. Indianapolis, IN 46202-2803



**HOOSIER CHAPTER
HEALTH PHYSICS SOCIETY**
Application for Affiliate Membership (\$100 Annually)

FOR OFFICE USE ONLY
Date Received: _____
Add'l Info Requested: _____
Elected: _____
Modified: _____

Please print or type all information

Mr Mrs Ms Dr Other _____

Last Name: _____ First Name: _____

Employer: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address (work): _____

Email Address (home): _____

Land Phone Number : (____) _____ Work Home

Mobile Phone Number: (____) _____

Are you currently a member of the National Health Physics Society?

Yes If so, Membership #: _____ No

An affiliate membership allows your company to have a booth/merchandise setup at select Hoosier Chapter meetings, and designation as a chapter sponsor on our website.

Volunteer Opportunities
Describe any opportunities you would like to be notified of (e.g., Science Teacher workshops, officer, etc)

“I hereby apply for affiliate membership in the Hoosier Chapter of the Health Physics Society. If approved, I/my company agree to comply with, the By-laws of the Chapter as long as we continue as a member.”

Signature: _____ Date: _____

Company: _____

Send completed application to Thomas.schumacher@va.gov or to (001AS) 1481 W. 10th St. Indianapolis, IN 46202-2803