

MIDWEST CHAPTER HEALTH PHYSICS SOCIETY

MEMBERSHIP APPLICATION

QUALIFICATION FOR MEMBERSHIP

Every Member or Associate member of the Health Physics Society living in Illinois, Indiana, Iowa, Minnesota, Missouri, or Wisconsin is automatically qualified. The Board of Directors may elect to the membership others in accordance with the following principles:

FULL MEMBERS, in addition to those qualified on the basis stated above, are those who have been engaged in some form of Health Physics activities for at least one year and graduated from an accredited school of college grade or have recognized scientific, technological or professional qualifications, or have had equivalent training. One year of experience in Health Physics may be recognized as equivalent to a year of college work. The prospective member need not be completely versed in all phases of Health Physics, but must be contributing to the general field of Health Physics at the time he or she applies for membership in the Chapter. Graduate study in science may be accepted in place of part or all of the required period of Health Physics activity.

ASSOCIATE MEMBERS are persons who lack the necessary qualifications for elections as Members but (a) are engaged in a field or endeavor related to Health Physics or (b) whose interest in science would make them desirable Associate Members. They may not hold elective office, but may vote.

EMERITUS MEMBERS are persons who have been Members of this Chapter for at least ten years, are at least 60 years of age, and who are no longer employed in health physics due to either retirement or disability. Membership in the Health Physics Society or another chapter of the Health Physics Society may be accepted for part of the required membership period of this Chapter, at the discretion of the Board of Directors. Emeritus Members have full membership privileges, including voting and holding office.

MEMBERSHIP APPLICATION

Type of Membership Requested: <input type="checkbox"/> Full <input type="checkbox"/> Associate <input type="checkbox"/> Emeritus					
Name		Employer			
Home Address		Business Address			
Home Address		Business Address			
City		City			
State	Zip	State	Zip		
Home Phone		Business Phone			
Email Address		Fax Number			
Directory Preferences - Which information do you want published in the Chapter Directory?					
<input type="checkbox"/> Home Address		<input type="checkbox"/> Home Phone		<input type="checkbox"/> Email Address	
<input type="checkbox"/> Business Address		<input type="checkbox"/> Business Phone		<input type="checkbox"/> Fax Number	
Send Chapter mailings to:		<input type="checkbox"/> Home Address		<input type="checkbox"/> Business Address	

PROFESSIONAL INFORMATION	
Present Position:	Years in Present Position:
Education (check highest): <input type="checkbox"/> BS or BA <input type="checkbox"/> MS <input type="checkbox"/> PhD <input type="checkbox"/> Other _____	
Other Health Physics/Radiation Protection Experience, Certification, etc:	
National HPS Membership: <input type="checkbox"/> Not a member <input type="checkbox"/> Plenary Member <input type="checkbox"/> Associate Member <input type="checkbox"/> Fellow Member <input type="checkbox"/> Student Member <input type="checkbox"/> Emeritus Member	
EMERITUS CERTIFICATION:	
<input type="checkbox"/> I have been a member of the Midwest Chapter, HPS for at least 10 years	
<input type="checkbox"/> I am at least 60 years of age	
<input type="checkbox"/> I am no longer employed in the field of health physics due to retirement or disability	

CHAPTER ACTIVITIES

I would be willing to serve the Chapter in the following capacities:

- | | |
|---|---|
| <input type="checkbox"/> Serve on Chapter Board
<input type="checkbox"/> Serve on Chapter Board of Directors
<input type="checkbox"/> Become a Chapter Officer
<input type="checkbox"/> Serve on a Chapter Committee or project (describe) | <input type="checkbox"/> Speak on Radiation Topics
<input type="checkbox"/> Work on the Newsletter |
|---|---|

Provide other support (describe) _____

DUES INFORMATION

Annual dues are \$15. Please make check payable to: Midwest Chapter HPS

Mail this completed form and check to:

Midwest Chapter HPS
P.O. Box 513
Westmont, IL 60559

I hereby apply for membership in the Midwest Chapter of the Health Physics Society with the Classification indicated above:

Signature: _____ Date: _____