



Northern California Chapter of the Health Physics Society Application Form for Affiliate Membership

Affiliate Contact

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Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Email: _____

Website: _____

Products and Services (Provided a short description of the Company's offerings)

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Membership and Dues Information

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Benefits of Membership includes advertisement in the NCCHPS Newsletter, exhibit space at the Affiliates Night, one individual chapter membership, a company link on the NCCHPS website and exhibit at an additional dinner meeting during the year

Affiliate Membership Dues: \$500.00 (Annually/Jan-Dec)

Please complete and mail this form with your check or money order (**payable to NCCHPS**) to:

Nelson Chiu (NCCHPS Affiliate Liaison)
4230 N. Oakland Avenue, #306
Shorewood, WI 53211-2042

Affiliate-related questions, comments or corrections

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Contact Nelson Chiu at 414-559-5586 or via email at ncchpsaffiliatecontact@gmail.com