Northern California Chapter Health Physics Society, Inc.
Application Form for Full Membership

Full Membership in the Northern California Chapter of the Health Physics Society (NCCHPS) is open to all members of the Health Physics Society (HPS), and to any individual with an interest in health physics. Annual dues are $10.00. Applicants for Regular Membership must fill out this form and return it with the annual membership dues. Make checks payable to "NCCHPS, Inc." Applicants for Affiliate Membership must use the "Affiliate Member Application Form" found in the affiliate package.

Application forms should be sent with the annual dues to the Secretary of the NCCHPS, or may be given to any member of the Board of Directors. Please TYPE or PRINT clearly:

Name: _____

Company: _____

Work Address: _____

_____

Work Phone: _____

Work FAX: _____ Email: _____

Home Address: _____

_____

Home Phone: _____

Would you prefer to receive mail at ☐ Work or ☐ Home?

Are you certified by the ABHP? ☐ Yes ☐ No
Are you certified by the NRRPT? ☐ Yes ☐ No
List any other credentials (such as PE or CIH)
that you would like listed in the NCCHPS Directory: _____

Are you a member of the HPS? ☐ Yes ☐ No*
When did you join the HPS? _____

Signature: _____ Date _____

* If you are NOT a member of the HPS, you must be sponsored by two current members of the NCCHPS who are also members of the HPS and not on the current NCCHPS Board of Directors. Before obtaining these signatures, describe your experience or the nature of your interest in health physics and attach it to this form.

_____ _____

Sponsor's Signature Sponsor's Signature

(rev 10/01)