

Northeastern New York Chapter of the Health Physics Society

P.O. Box 1285
Latham, New York 12110-1285

Application for Membership

Full Name:

Home Address:

Business Address:

Home Phone: ()

Personal Mobile: ()

Business Phone: ()

Business Mobile:()

Home Email:

Business Email:

Are You a Member of the National Health Physics Society?

YES - Circle one - NO

Are You a Certified Health Physicist (CHP)?

YES - Circle one - NO

Are You on the National Registry of Radiation Protection Technologists (NRRPT)?

YES - Circle one - NO

Employment Experience

Employer	Dates	Position	Duties

Education

Institution	Major	Degree(s) Received	Dates Attended

I hereby apply for membership in the NENY Chapter of the Health Physics Society and, if elected, agree to comply with the Charter, Bylaws and Rules of the Chapter as long as I continue to be a member.

Signature: _____ Date: _____

I certify that I recommend the applicant for membership in the Chapter.

Sponsor #1 Signature:

Date:

Sponsor #2 Signature:

Date:

Date Received: by Executive Council/Membership Committee:

Date Elected to Membership by Executive Council:

Additional Information: