



HEALTH PHYSICS SOCIETY NORTH CAROLINA CHAPTER

MEMBERSHIP APPLICATION

<p>1. Complete the application below. If you are not a member of the Health Physics Society, signatures of two members in good standing of the chapter are required.</p> <p>2. New membership dues paid after September 1 will apply through the following year.</p> <p>Chapter Dues \$ 15.00/year Student/Science Teacher Dues \$ 5.00/year Affiliate Dues \$ 40.00/year</p> <p>Make check payable to the North Carolina Health Physics Society.</p> <p>Send the completed application and dues to the Membership Committee Chairperson: North Carolina Health Physics Society P.O. Box 37638 Raleigh, NC 27627</p>	<p>Affiliate membership in the NCHPS is limited to organizations having a professional interest in the general field of radiation protection. This class of membership offers the following privileges to an organization:</p> <ul style="list-style-type: none"> /// Acknowledgement in each issue of the Chapter Newsletter and in the Chapter Directory. /// One year regular membership for an individual from the organization. /// Receipt of all official Chapter mailings (including the Chapter Newsletter). /// Access to and commercial use of the Chapter Membership Directory. /// \$50.00 off normal exhibitor fees to display products/services at NCHPS chapter meetings.
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Name: _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City _____ State _____ Zip _____

Company/School: _____

Business Phone: _____

FAX: _____

Home Phone: _____

E-mail: _____

Education (Institution, major field, degree, and date): _____

Signature & Date _____

Are you a Health Physics Society member? () Yes () No

Sponsor's Signature _____

Professional Certifications (CHP, CSP, CIH, etc.): _____

Sponsor's Signature _____

Applying for: () Chapter Membership
 () Student Membership
 () Science Teacher mailing list
 () Affiliate Membership

<p>FOR CHAPTER USE ONLY:</p> <p>Application Received: _____</p> <p>Application Reviewed: _____</p> <p>Approved: () Yes () No</p> <p>New Member Packet Mailed: _____</p> <p>Database Entry Complete: _____</p>	<p>Executive Council Approval (if not HPS member)</p> <p>Council Member: _____</p> <p>Council Member: _____</p> <p>Council Member: _____</p> <p>Council Member: _____</p>
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