### HEALTH PHYSICS SOCIETY
### NORTH CAROLINA CHAPTER

#### MEMBERSHIP APPLICATION

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. New membership dues paid after September 1 will apply through the following year.</td>
</tr>
<tr>
<td>Chapter Dues …………………… $ 15.00/year</td>
</tr>
<tr>
<td>Student/Science Teacher Dues … $ 5.00/year</td>
</tr>
<tr>
<td>Affiliate Dues …………………... $ 40.00/year</td>
</tr>
<tr>
<td>Make check payable to the <strong>North Carolina Health Physics Society</strong>.</td>
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<tr>
<td>Send the completed application and dues to the Membership Committee Chairperson: North Carolina Health Physics Society P.O. Box 37638 Raleigh, NC 27627</td>
</tr>
</tbody>
</table>

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:

- **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.

#### Name: ____________________________________________

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#### Address Line 1__________________________________________________

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#### Address Line 2__________________________________________________

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#### Address Line 3__________________________________________________

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#### City __________________  ________  __________ State           Zip

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#### Education (Institution, major field, degree, and date): ____________________________________________________

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

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#### Professional Certifications (CHP, CSP, CIH, etc.):__________

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#### Applying for:  ( ) Chapter Membership

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#### ( ) Student Membership

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#### ( ) Science Teacher mailing list

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#### ( ) Affiliate Membership

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#### Company/School: ____________________________

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#### Business Phone: ____________________________

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#### FAX: ____________________________

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#### Home Phone: ____________________________

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#### E-mail: ____________________________

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#### Signature & Date ____________________________________________

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#### Sponsor's Signature ____________________________________________

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#### Sponsor's Signature ____________________________________________

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#### FOR CHAPTER USE ONLY: ____________________________

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#### Application Received: __________

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#### Application Reviewed: __________

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#### Approved:  ( ) Yes   ( ) No

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#### New Member Packet Mailed: ________

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#### Database Entry Complete: ________

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#### Executive Council Approval (if not HPS member)

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#### Council Member: ____________________________

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#### Council Member: ____________________________

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#### Council Member: ____________________________

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#### Council Member: ____________________________