

Southern California Chapter

Health Physics Society



Application for Chapter Membership (please print or type)

Instructions: Please complete the form below, being sure to indicate whether your application is for individual or affiliate membership. A check or money order payable to SCC-HPS must accompany the application to cover the first year's dues. Annual dues become payable January 1st of each year. Members whose dues are unarch 1st shall not be in good standing, and membership shall be automatically terminated if dues remain unpaid for one year after they are due.

Name of Applicant	Membership Category (check one) <input type="checkbox"/> Individual (\$15.00 per year) <input type="checkbox"/> Affiliate (\$200.00 per year) <input type="checkbox"/> Commercial Affiliate (\$300.00 per year)
Employer (individual applicants only)	Job Title (individual applicants only)
Business Address Street: City: State: Fax: () - email:	Phone: () - Ext: Zip: -
Home Address (individual applicants only) Street: City: State:	Phone () - Zip: -
Name of contact person (affiliate applicants only)	Job Title

Indicate where mail should be sent: Business Home

Are you a member of the National Health Physics Society? Yes No

Please submit a resume of experience and, if possible, names of two members of the Southern California Chapter acquainted with your work:

Name	Street Address	
City	State	Zip -
Name	Street Address	
City	State	Zip -

Please return application to:

Karen Baumgartner at karen@caltech.edu
 or mail to
 SCCHPS Secretary, c/o Karen Baumgartner
 Caltech Environment Health and Safety Office
 1200 E. California Blvd. MC 25-6
 Pasadena, CA 91125

Please make all checks payable to SCCHPS.