



HEALTH PHYSICS SOCIETY

1313 Dolley Madison Blvd., Suite 402
McLean, VA 22101
(703) 790-1745; FAX: (703) 790-2672
HPS@Burkinc.com

2010 APPLICATION FOR AFFILIATE MEMBERSHIP

New or Renewal

Class A Class B Class C Class D

Please make changes to label in the space below:

ORGANIZATION: _____

CONTACT: _____

PHONE: _____ FAX: _____

EMAIL: _____

MAILING ADDRESS: _____

WEB SITE ADDRESS: _____

In the space below (and on another sheet of paper, as needed), provide a brief resume of your organization's radiation protection activities. Also, please include any pertinent literature as background information. If enclosing product brochures, please include seven copies. NOTE: ONLY NEW MEMBERS NEED TO PROVIDE THIS

Application submitted by:

Name

Title

Date

