



**Great Salt Lake Chapter
of the
Health Physics Society**

**Membership
Application**

Name _____ Date _____

Work Address: _____

_____ ZIP _____

Work Phone _____

Nature of employer's business _____

Primary job activities _____

Home Address _____

Home Phone _____

Preferred mailing address Office Home

E Mail Address _____

Have you previously been a member of the Chapter? Yes No If yes year _____

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

If yes, please indicate any section memberships

Please check all certifications held:

- American Board of Health Physics
- National Registry of Radiation Protection Technologists
- American Board of Radiology
- Specialization _____
- American Board of Medical Physics
- Specialization _____
- American Registry of Radiologic Technologists
- Specialization _____
- Nuclear Medicine Technologist Certification Board
- Board of Pharmaceutical Specialties
- Other: _____

List appointments or offices held with the Great Salt Lake Chapter or the Health Physics Society and the dates of service _____

Other professional societies or organizations that you belong to:

Other professional committee assignments:

Rank your job activities or special interests as they apply in the following list of specialties:

- | | |
|--|---|
| <input type="checkbox"/> Accelerators | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Radiation Biology |
| <input type="checkbox"/> Applied Health Physics | <input type="checkbox"/> Radiation Safety/Surveys |
| <input type="checkbox"/> Diagnostic Radiology | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Dosimetry | <input type="checkbox"/> Radiochemistry |
| <input type="checkbox"/> Education | <input type="checkbox"/> Radiological Assessment |
| <input type="checkbox"/> Instrumentation | <input type="checkbox"/> Radiopharmacy |
| <input type="checkbox"/> Medical Physics | <input type="checkbox"/> Reactors, Power |
| <input type="checkbox"/> Monitoring, Environmental | <input type="checkbox"/> Reactors, Other |
| <input type="checkbox"/> Monitoring, Personnel | <input type="checkbox"/> Regulations/Standards |
| <input type="checkbox"/> Nuclear Fuel Cycle | <input type="checkbox"/> Research |
| <input type="checkbox"/> Safety Engineering | <input type="checkbox"/> Waste Management |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Other credits, qualifications or items of special information that you would like included in the directory under your name:

CHAPTER DUES ARE \$ 10.00 PER CALENDAR YEAR (JANUARY 1 TO DECEMBER 31)

Please submit first year's dues with application; make check payable to:

Great Salt Lake Chapter - HPS
C/O University of Utah
Radiological Health
260 S. Central Campus Dr. #100
Salt Lake City, UT 84112-9159

Membership approved by Executive Council on _____ (date) _____