



Great Salt Lake Chapter of the Health Physics Society Membership Application

Name: _____ Date: _____

Work Address:

_____ Zip _____

Work Phone: _____

Name of Employer's business: _____

Primary job activities: _____

Home Address : _____

Home Phone: _____

Preferred mailing address: Office _____ Home _____

Email 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 Medical Physics _____

Specialization _____

American Board of Radiology

Specialization _____

American Board of Radiologic Technologist Certification Board _____

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"/> Industrial Hygiene	<input type="checkbox"/> Reactors, Power
<input type="checkbox"/> Medical Physics	<input type="checkbox"/> Reactors, Other
<input type="checkbox"/> Monitoring, Environmental	<input type="checkbox"/> Regulations/Standards
<input type="checkbox"/> Monitoring, Personnel	<input type="checkbox"/> Research
<input type="checkbox"/> Non Ionizing	<input type="checkbox"/> Safety Engineering
<input type="checkbox"/> Nuclear Fuel Cycle	<input type="checkbox"/> Waste Management
<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.

Send this to : **Great Salt Lake Chapter – HPS**
C/O Radiation Safety Office,
Research Administration Bldg, Rm 322,
75 S 2000 E, Salt Lake City, Utah 84112

Membership approved by Executive Council on _____ Date _____

Revision 8/3/17