

NEW JERSEY CHAPTER HEALTH PHYSICS SOCIETY

AFFILIATE MEMBERSHIP APPLICATION FORM

Annual Fee: \$200.00

Make checks payable to : "NJHPS"

For membership handbook and mailing information, please fill out the information below.

Affiliate Member:

Representative: _____

Company: _____

Address: _____

City, State & Zip: _____

Telephone Numbers: WORK () _____ - _____

FAX () _____ - _____

HOME () _____ - _____

E-MAIL _____

WEB SITE _____

Please check one of the following:

- We are interested in hosting or co-hosting an NJHPS chapter meeting.
- We might be interested in hosting or co-hosting an NJHPS chapter meeting.
- We are not interested in hosting or co-hosting an NJHPS chapter meeting.

Comments:

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