NEW JERSEY CHAPTER HEALTH PHYSICS SOCIETY
MEMBERSHIP APPLICATION

For membership handbook and mailing information, please fill out the following:

NAME _____

MAILING ADDRESS _____

_____

_____

CITY _____ STATE_____ ZIP CODE_____

TELEPHONE NUMBERS: WORK-VOICE ( ) _____ - _____

WORK-FAX ( ) _____ - _____

HOME ( ) _____ - _____

E-MAIL _____

Company:_____ Job Title:_____

Highest Degree_____ Major_____ College_____

Do you hold any professional certifications? Check all that apply:

❑ CHP ❑ NRRPT ❑ CIH ❑ Other: _____

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

Please give a brief description of your health physics related work responsibilities and/or interests, including your training, where pertinent:

Please check appropriate membership classification: ❑ Plenary member ($20.00)

❑ Student member ($5.00)

Make checks payable to : "**New Jersey Chapter Health Physics Society**"

To the Admissions Committee:

- If accepted as a member, I agree to comply with the Chapter's Charter and By-Laws.
- I understand that misrepresentation in this application is cause for dismissal from the Chapter.

_____ _____

Signature Date

Please return to:

Merck & Co., Inc.
Attn: NJHPS – Jeremy Krampert
Bldg. RY80HP
126 East Lincoln Ave
Rahway, NJ 07065

DO NOT WRITE HERE

Date received_____

Check Enclosed _____

Approved by Admissions_____

Notified_____