Southern California Chapter

Health Physics Society

Application for Chapter Membership

(please print or type)

Instructions: Please complete the form below, being sure to indicate whether your application is for individual or affiliate membership. A check or money order payable to SCC-HPS must accompany the application to cover the first year's dues. Annual dues become payable January 1st of each year. Members whose dues are unlarch 1st shall not be in good standing, and membership shall be automatically terminated if dues remain unpaid for one year after they are due.

Name of Applicant	Membership Category (check one) ☐ Individual ($15.00 per year) ☐ Affiliate ($200.00 per year) ☐ Commercial Affiliate ($300.00 per year)
Employer (individual applicants only)	Job Title (individual applicants only)
Business Address Street: Phone: ( ) - Ext: City: State: Zip: - Fax: ( ) - email:	
Home Address (individual applicants only) Street: Phone ( ) - City: State: Zip: -	
Name of contact person (affiliate appplicants only)	Job Title

Indicate where mail should be sent: ☐ Business ☐ Home

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

Please submit a resume of experience and, if possible, names of two members of the Southern California Chapter acquainted with your work:

Name	Street Address	
City	State	Zip -
Name	Street Address	
City	State	Zip -

Please return application to:

Karen Baumgartner at karen@caltech.edu
or mail to
SCCHPS Secretary, c/o Karen Baumgartner
Caltech Environment Health and Safety Office
1200 E. California Blvd. MC 25-6
Pasadena, CA 91125

Please make all checks payable to SCCHPS.