



950 Herndon Parkway, Suite 450 • Herndon, VA 20170  
(703) 790-1745 • FAX: (703) 790-2672

# 2024 APPLICATION FOR AFFILIATE MEMBERSHIP

- New
- Renewal

Please make changes to label in the space below:

ORGANIZATION: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WEB SITE ADDRESS: \_\_\_\_\_

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In the space below (and on another sheet of paper, as needed), provide a brief resume of your organization's radiation protection activities. Also, please include any pertinent literature as background information. If enclosing product brochures, please include seven copies. **NOTE: ONLY NEW MEMBERS NEED TO PROVIDE THIS.**

Application submitted by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# 2024 AFFILIATE MEMBERSHIP

**\$375/calendar year per organization**

## Member Benefits:

- Members Only access for one Affiliate representative
- Monthly Journal, *Health Physics*
- Bimonthly online HPS newsletter, *Health Physics News*
- Discounted sponsorship opportunities for HPS events
- Exhibit booth space at HPS meetings at a lower rate than for nonmembers
- Exclusive discounts on banner advertising on HPS.org
- Discounts on advertising in *Health Physics News*
- Discounted advertising opportunities in *Health Physics* and on the HPS Facebook page
- Special listings in *Health Physics* and on HPS.org
- Listing on both the HPS Affiliates Page and the HPS Buyer's Guide
- Opportunity to send an email blast to HPS membership from HPS Headquarters\*

\* Subject to payment of service charges of \$250 per email and approval of HPS business office. This is restricted to one Affiliate Member email blast per month and is not available the month of the HPS meeting. If two requests are received, the first one will be accepted; then the second will be sent the next month.

A check, VISA, MasterCard or American Express payment for the proper amount must accompany this form. All checks must be made in US Dollars, drawn on US Banks. US Postal Money Orders and US Travelers Checks will also be accepted. **ANYTHING ELSE WILL BE RETURNED.**

VISA     MasterCard     American Express     Check Enclosed

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ CV2# \_\_\_\_\_

Signature \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Cardholder Email: \_\_\_\_\_

## HPS EXECUTIVE COMMITTEE APPROVAL:

(please initial and date)

PRESIDENT \_\_\_\_\_

PRESIDENT-ELECT \_\_\_\_\_

PAST PRESIDENT \_\_\_\_\_

SECRETARY \_\_\_\_\_

SECRETARY-ELECT \_\_\_\_\_

TREASURER \_\_\_\_\_

TREASURER-ELECT \_\_\_\_\_

### HPS Office Use:

Date Paid: \_\_\_\_\_ Method of Payment:

Amount: \$ \_\_\_\_\_  Check # \_\_\_\_\_

Credit Card