

American Association Of Physicists In Medicine

New England Chapter

2008 Membership Application and Renewal Form

*No changes from last year? Just fill in your name and Circle **No Changes***

Name: _____

Institution: _____

Mailing Address: _____

E-mail Address: _____

Phone: () _____

Specialty: Other: _____
 Health Nuclear Radiation Radiology
 Physics Medicine Oncology

Membership Category

- Full Member: Full, Associate and Junior Member of the national AAPM
- Associate Member: Person interested in the purpose of the chapter (not an AAPM member).
- Emeritus Member: Emeritus Member of the national AAPM
- Student Member: Student or trainee in an accredited college, university, or training program
- Dues: Member or Associate Member: **\$25** Emeritus or Student Member: Complimentary

No charge if you were a speaker at a NEAAPM meeting last year.

Privacy

- Check here if you do *not* wish your name to be included in Corporate Affiliate mailing lists.
Or fill in an alternate mailing address _____
- Check here if you do *not* wish your pictures to be posted on the NEAAPM web sites.

Please make checks payable to:

New England Chapter, AAPM (or simply "NEAAPM")

Send completed form and check to:

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