



**RAMPS**  
**Radiological and Medical Physics Society of New York, Inc.**  
 Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, NY 10065  
 (212) 639 - 1115

Application for Membership / Affiliation (INFORMATION MUST BE PRINTED OR TYPED)

Please check type of membership for which you are applying:

Full       Junior       Emeritus       Affiliate       Change of status

Dr.  Mr.  Ms.  \_\_\_\_\_

	Last Name	First	Middle
ADDRESS:	Mail Preference:	<input type="checkbox"/> Business	<input type="checkbox"/> Home
	Directory Preference:	<input type="checkbox"/> Business	<input type="checkbox"/> Home

Business: \_\_\_\_\_ Home: \_\_\_\_\_  
 \_\_\_\_\_

City: _____	State: _____	Zip: _____	City: _____	State: _____	Zip: _____
Tel: _____			Tel: _____		
E-mail: _____					

**EDUCATION**

Institution	Major	Dates Attended	Degree
1.			
2.			
3.			
4.			

**PROFESSIONAL EXPERIENCE** (Most Recent First)

	Title or Position	Dates
1. Employer:		
Duties:		
2. Employer:		
Duties:		

**OTHER PROFESSIONAL QUALIFICATIONS** (Including Certifications, Committees, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total years worked in Medical Physics: \_\_\_\_\_ % time spent in Medical Physics: \_\_\_\_\_  
 Membership in Professional / Scientific Societies: \_\_\_\_\_

**AAPM MEMBERSHIP:** Are you a member of AAPM:     Yes                       No  
 If Yes, level of current membership:  Full       Junior       Emeritus       Associate

**MEMBERSHIP / AFFILIATION**

The Society shall consist of Full Members, Juniors Members, Emeritus Members and Affiliates.

FULL MEMBERS: Open to persons who are Full Members of the AAPM.

JUNIOR MEMBERS: Open to persons who are not Full Members of AAPM. The applicant must be currently engaged in a graduate program directed towards a career in Medical Physics or fulfill one of the following academic and experience requirements:

<u>Degree in Physical Science</u>	<u>Minimum Years of Experience in Medical Physics</u>
Ph.D. or D.Sc.	0.5
M.A. or M.S.	1.0
B.A. or B.S.	2.0

EMERITUS MEMBER: Open to Full Members 55 years of age or older who have retired from the practice of Medical Physics.

AFFILIATES: Open to persons interested in Medical Physics.

Membership or affiliation may be obtained by submitting an application, endorsed by two Full Members in good standing, to the Executive Committee. Membership is conferred by a majority in the Executive Committee.

**REFERENCES**

Signature (electronic or wet) and printed name of two Full Members of RAMPS, Inc., who are familiar with your activities and competence.

1. Signature: \_\_\_\_\_ Print: \_\_\_\_\_

2. Signature: \_\_\_\_\_ Print: \_\_\_\_\_

**SIGNATURE**

I hereby apply for Membership/Affiliation in the Radiological and Medical Physics Society of New York, Inc. If accepted, I agree to comply with the Constitution of the Society as long as I continue to be a member.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INSTRUCTIONS**

Please pay annual fee via PayPal at <http://chapter.aapm.org/ramps/payments.html>

Please enter

PayPal verification number: \_\_\_\_\_

Click button to email completed application -

**For RAMPS Use Only:**

Date received:	Date ratified:	Date applicant notified:
Type of Membership / Affiliation conferred:		