



RAMPS

Radiological and Medical Physics Society of New York, Inc.
rampsnyc@gmail.com

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

Full Member

The applicant has to be Full or Corresponding member of the AAPM.

Junior Member

Non-AAPM members: This status is customary meant for residents, students, trainees, and post-docs. The academic and experience requirements are met if the applicant has/is one of the following:

No more than 5 years of practical training, only ABR part 1, NYS temporary permit, or resident in a CAMPEP approved Medical Physics program.

AAPM members must be either Junior, Student, or Resident members.

Emeritus Member

Non-AAPM members: The applicant has to be at least 56 years old, be retired, and been RAMPS member for more than 10 years.

AAPM members must be Emeritus members.

Affiliate

Non-AAPM members: An individual qualifies as Affiliate if they are interested in medical physics but do not fall into any of the other categories.

AAPM members must be either Associate, Emeritus Associate, International Affiliate, or Professional Affiliate member.

1. Applicant

Dr. Mr. Ms. Name: _____

2. Application Membership Change of membership (check new level)

Full Junior Emeritus Affiliate

3. Mail preference Business Home Email

4. Address

Business: _____

Street: _____

City: _____ State: _____ Zip: _____

Home: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

5. Education

	Institution	Major	Graduation year	Degree
1.				
2.				
3.				
4.				

6. Professional experience (most recent first)

		Dates
1. Employer: _____	_____	to
Title / position: _____	_____	
Duties: _____	_____	
2. Employer: _____	_____	to
Title / position: _____	_____	
Duties: _____	_____	

Total number of years in medical physics: _____
% time spend in medical physics: _____

7. Other professional qualifications (including certifications, licenses, committees, etc.)

8. Membership in professional / scientific societies or organizations

9. Membership in the AAPM

Member of AAPM: Yes No

If 'Yes', AAPM ID and membership: _____

10. References (required for membership applications of non-AAPM members only)

1. Name: _____ Signature: _____

2. Name: _____ Signature: _____

11. 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 bylaws and rules of the Society as long as I continue to be a member.

Signature: _____ Date: _____

12. Application fee

Please pay via PayPal at <http://chapter.aapm.org/ramps/payments.html> or contact the treasurer at ramps.4.t@gmail.com for mailing instructions for check. No cash.

For RAMPS use only:	Received on: _____	Payment verified on: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	on: _____	Applicant notified on: _____
Membership conferred, if appl.:	<input type="checkbox"/> Full <input type="checkbox"/> Junior <input type="checkbox"/> Emeritus <input type="checkbox"/> Associate	