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2025 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: _____

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

2025 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