



Council on Ionizing Radiation Measurements and Standards

P.O. Box 1238, Duluth, GA 30096 • Phone/Fax: 770-622-0026 • www.cirms.org

2008 MEMBERSHIP APPLICATION

1. Membership class (check one):
 Corporate Sponsor
 Government or Not-for-Profit Organizational Sponsor
 Individual Member
2. Name and address of applicant. Corporate and organizational sponsors may name up to three representatives.

Representative: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code/Country: _____

Phone: _____ Fax: _____ E-mail: _____

2nd Representative: _____

Phone: _____ Fax: _____ E-mail: _____

3rd Representative: _____

Phone: _____ Fax: _____ E-mail: _____

3. Areas of interest:	<u>Rep. 1</u>	<u>Rep. 2</u>	<u>Rep. 3</u>
Homeland Security (HS)	_____	_____	_____
Industrial Applications & Materials Effects (IAME)	_____	_____	_____
Medical Applications (MED)	_____	_____	_____
Radiation Protection (RP)	_____	_____	_____

4. Annual Dues (check one):
 \$ 500 US - Corporate Sponsor
 \$ 250 US - Government or Not-For-Profit Organization sponsor
 \$ 50 US - Individual Member

5. Payment: Check # _____ payable to CIRMS (drawn on a US bank), or credit card:

VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD#: _____

Name as it appears on card: _____ Expiration date: _____

Signature: _____

Please don't send credit card information via e-mail - our site is not secure.

6. **Send** completed form and payment to:
CIRMS * PO Box 1238 * Duluth GA 30096 or fax: 770-622-0026

Thank you for your support!