



CIRMS Membership Application

Instructions

**Complete this form and print it. Mail or Fax 972-883-5725 the completed form and send payment to:
CIRMS P.O. Box 851391, Richardson TX. 75085-1391**

Membership Class

Select which membership class:

- Exclusive Dinner Event Sponsor \$5000.00
- Exclusive Coffee Break/Networking Sponsor \$3,000.00
- Coffee Break/Networking Sponsor \$1,500.00
- Junior investigator Sponsor \$1,000.00
- Corporate Sponsor \$1,000.00
- Government / Non-Profit Organization Sponsors \$850.00
- Individual Member \$50.00
- Student Member \$25.00

Member Information

Name and Address of Applicant. Corporate and Organizational Sponsors may name up to four.

Representative Name:

Organization: _____

Address: _____

City: _____

State: _____

Zip- Code: _____

Phone: _____

Fax: _____

Email: _____

Representative 2 Name:

Phone: _____

Email: _____

Representative 3 Name:

Phone: _____

Email: _____

Representative 4 Name:

Phone: _____

Email: _____



Areas of Interest

	Rep 1	Rep 2	Rep 3	Rep 4
Homeland Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Applications & Materials Effects (IAME)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Applications (MED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Protection (RP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sponsor Ad Program Book

Full Page Ad- \$500.00	<input type="checkbox"/>
½ Page Ad- \$250.00	<input type="checkbox"/>
¼ Page Ad- \$150.00	<input type="checkbox"/>

Payment Options

Check # _____ Please make Check payable to CIRMS and mail or fax information to the address above.

Credit Card Type: Visa Master Card American Express

Name On Card: _____ Expire Date: _____

Card Number: _____

Signature: _____