MEMBERSHIP APPLICATION

Name:				
First Title/Position:	First Middle /Position:		Last	
Date of Birth://	Gender:	Female	Male	
CONTACT:				
Institution (if work address):				
Department (if work address):				
Address:				
Street	City	State	Zip	
Phone:	Email:			
MEMBERSHIP TYPE:	MEMBERSHIP CHANGE:			
Please select appropriate member type below	If you're changing membership type, what is your current type?			
Full Member \$80/year	Full Member	-		
Junior Member ¹ \$40/year	Junior Member			
Student Member ² Free	Student Mer	mber		
Corresponding Member ³ \$80/year	Corresponding Member			
Lifetime Member \$800				
¹ Junior Membership is available only to individuals enrolled full time qualifying degree in medical physics or a related field. ² Student Membership is available only to individuals enrolled full tim related field. ³ Offered to those scientists or engineers residing outside North Ame	e in a graduate program in pursuit o	of a qualifying degree in I	medical physics or a	
REFERENCE REQUIREMENT:				
A letter of recommendation from one FULL Member of membership must be included to complete an application change membership status; with the exception of Junion email from the Full KAMPiNA Member whom you have personal information of the Full KAMPiNA Member belowership, please contact KAMPiNA Secretary (secretary)	on for membership to the KA r to Full. The letter of recomn asked to sponsor your memb bw. If you do not know any bu	MPINA, including ar nendation can be su ership. Please provid	n application to bstituted by an de with the	
Name:				
Phone:	Middle Email:	Last		
I HEREBY CERTIFY THAT THE ABOVE INFORMA	TION IS TRUE AND COM	PLETE.		
Signature of Applicant		Date	· · · · · · · · · · · · · · · · · · ·	

PAYMENT INFORMATION:

Check enclosed (payable to KAMPiNA)

PayPal (Please visit <u>kampina.org</u> to find the PayPal payment link)