

SOUTHWEST



REGIONAL CHAPTER

AAPM SOUTHWEST REGIONAL MEMBERSHIP RENEWAL APPLICATION

DR.
MR.
MS.

"X"

DATE:

LAST NAME

FIRST NAME

MIDDLE NAME

DEGREES:

ORGANIZATION:

DEPARTMENT:

WORK ADDRESS:

WORK PHONE:

FAX Number:

E-MAIL:

HOME ADDRESS:

ADDRESS TO WHICH YOU WANT MATERIALS SENT? WORK HOME

ARE YOU A NATIONAL MEMBER OF THE AAPM? Yes: No:
IF YES, ARE YOU A : FULL Corporate Junior Associate Student Member?

MEMBERSHIP CLASSIFICATION YOU HAVE WITH SWAAPM:

FULL(YOU MUST BE A FULL MEMBER OF THE NATIONAL AAPM) Associate Student

ASPECTS OF PHYSICS IN WHICH YOU ARE PRIMARILY ENGAGED:

OTHER SPECIAL INTERESTS:

Annual membership dues are \$25.00 for full and associate members. Student membership is free if the student is a member of the National AAPM. Students must submit a letter from their graduate program indicating they are currently enrolled as a student. Please make your check payable to SWAAPM and return it along with this application to:

Russell Tarver, M.S. - SWAAPM Treasurer
ETMC Cancer Institute
721 Clinic Drive
Tyler, TX 75701

Phone: 903-535-6304
FAX: 903-596-3616
Email: rbtarver@etmc.org