

Application for Membership

American Association of Physicists in Medicine Upstate New York Chapter

(Please print or type)

Name: _____
Last First Middle Initial Degree

Address _____

Address _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

e-mail _____

Field of Interest/Specialty _____
(Therapy, Diagnostic, Nuclear Medicine, etc.)

Are you a member of the National AAPM? _____ Yes _____ No

If yes, membership status: _____
(Full, Associate, Junior)

If applying for junior membership, signatures of two AAPM or UNYAAPM Full members are also required:

Name Signature Date

Name Signature Date

Please forward the completed application and a brief version of your CV/Resume along with your application to:

Upstate New York AAPM
c/o Ken Hoffmann
445 Biomedical Research Building - TSRC
University at Buffalo
3435 Main St.
Buffalo, NY 14214
(716) 829-2212 (fax)
kh9@acsu.buffalo.edu