

## Application for Corporate Membership

*(All information must be printed or typed)*

**Corporate Name**

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**Corporate Address**

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Address

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City State ZIP

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Province Phone

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Country Fax

**Contact Person**

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Name Phone

**E-Mail**

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**How does your company or its product relate to the interests of the AAMD and the field of Medical Dosimetry and Physics?**

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*(Fee and payment instructions on back)*

**Annual Fee** January 1 through December 31, 2010 **\$275.00**

**Payment** Return the completed application form and processing fee to:  
**American Association of Medical Dosimetrists**  
**12100 Sunset Hills Road • Suite 130 • Reston, Virginia 20190**

**Check or Money Order**

**Credit Card**  Visa  AmEx  MasterCard **Exp. Date:** / Amount (USD) \$ \_\_\_\_\_

Card Number

\_\_\_\_\_  
*Print name as it appears on the card*

\_\_\_\_\_  
*Signature of Card Holder*

*NOTE: By signing your name you are giving the AAMD authorization to charge your credit card the \$30.00 application fee.*

**Credit Card Billing Address**  Same as Office  Other (provide below)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Province

\_\_\_\_\_  
Country

### **Applicant Declaration and Signature**

I hereby certify that the information contained in this application is, to the best of my knowledge, correct.  
I agree to support and promote the goals of the American Association of Medical Dosimetrists.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **Please Note:**

An applicant accepted for membership within the first three quarters of the current calendar year will begin membership effective January 1 of that year. An applicant accepted for membership in the last quarter of the current calendar year will begin membership effective January 1 of the next calendar year.

### **Mailings**

AAMD is sensitive to privacy issues and uses information to continue to improve services using aggregate data for marketing and/or demographic reporting purposes. Mark the area(s) from which you want your name excluded.

Leave blank to have your name included.

Label Sales  Outside Mailings and Solicitations



12100 Sunset Hills Road, Suite 130, Reston, Virginia 20190-3221  
tel: 703.234.4063 | fax: 703.435.4390 | [medicaldosimetry.org](http://medicaldosimetry.org)