

Headquarters

12100 Sunset Hills Road  
Suite 130  
Reston, VA 20190  
Phone: (703) 234-4063  
Fax: (703) 435-4390  
E-Mail: aamd@medicaldosimetry.org  
Website: http://www.medicaldosimetry.org



Individual Application for Membership

Select your membership category and complete all of the required sections; be sure to sign and date the Membership Agreement and mail along with payment to AAMD Headquarters at address printed above.

\_\_\_ Full Member CMD

(Sections: 1.0, 2.0, 3.0)  
Check all that apply

- Clinical
- Clinical-locums
- Applications Specialist
- Educator
- Administrator
- Sales
- Other

\_\_\_ Professional Associate Member

(Sections: 1.0, 2.0, 3.0)  
Check all that apply

- Non-CMD
- OJT (on-the-job-trainee) dosimetrist
- Physicist
- Physician
- Administrator
- Radiation Therapist
- Nurse
- Other

\_\_\_ Retired Member

Proof of age required  
(Update sections: 1.0 & 3.0)

Section 1.0

NAME: \_\_\_\_\_  
Last First Middle Init. Suffix

Preferred mailing address:  Home  Office  Electronic (when possible)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_ Position: \_\_\_\_\_

Email (required): \_\_\_\_\_

CERTIFICATION(S): (List current certifications including membership ID number)

MDCB [CMD] \_\_\_\_\_ ARRT [RT(T)] \_\_\_\_\_ RN/BSN/OCN \_\_\_\_\_  
ARRT [RT(R)] \_\_\_\_\_ ABMP Medical Physics \_\_\_\_\_  
ABR Medical Physics \_\_\_\_\_ Other \_\_\_\_\_

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**Section 2.0**

Please provide Name and contact information (phone/email) for two (2) references.

1. Reference \_\_\_\_\_ contact number: \_\_\_\_\_

2. Reference \_\_\_\_\_ contact number: \_\_\_\_\_

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**Section 3.0**

### Membership Agreement

I, the undersigned applicant certify that I am employed in the medical dosimetry profession. I agree to accept the membership category approved by the AAMD Membership Committee.

I hereby certify that the statements contained herein are correct and, if elected to membership, I agree to abide by the constitution, bylaws\*, administrative rules and Code of Ethics\* of the society.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

\* Copies of these documents are available on the AAMD Web site, [www.medicaldosimetry.org](http://www.medicaldosimetry.org)

*Application fee is nonrefundable. If your application is not approved, your dues payments will be refunded.*

**Payment: Include payment for both the Application Fee and Annual Dues.**

Application Fee (Required) \$30.00  X

**Individual Annual Due Fees: 1/1/2010 – 12/31/2010**

Full CMD Member Dues +\$200.00 \_\_\_\_\_

Professional Association Dues +\$200.00 \_\_\_\_\_

Professional Associate (OJT dosimetrist only) +\$120.00 \_\_\_\_\_

*Must include a letter from your educational institution*

Retired Member Dues +\$150.00 \_\_\_\_\_

*(Each year, \$51.00 of your membership dues is applied towards a subscription of MEDICAL DOSIMETRY)*

Check or Money Order: Made payable to AAMD  Credit Card:  Visa  Master Card  AMEX

Card Number:

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Amount USD\$ \_\_\_\_\_

Signature: \_\_\_\_\_

**Note:** By signing your name you are giving the AAMD authorization to charge your credit card the \$30.00 application fee and applicable membership fees for ONE year.

**Credit Card billing information as it appears on credit card account**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**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

**Please note:** An application 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.

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