Particle Therapy Co Operative Group North America

MEMBERSHIP APPLICATION

Name: _____ _____ _____ _____
(Last) (First) (MI) (Degree)

Date of Birth: _____ / _____ / _____ ☐ Male ☐ Female

Contact Information:

Institution/Dept: _____

Street: _____

City: _____ State: _____ Zip: _____

Country: _____ E-mail: _____

Phone: _____ Fax: _____

Membership:	**Fee:**			
☐ **Full**	$225 USD	☐ Physician ☐ Radiation Physicist ☐ Radiation/Cancer Biologist	Board Certified: ☐ Yes ☐ No Years of experience in Particle Therapy if any: ☐ 1 ☐ 2 ☐ 3 or more Required only if not ABR certified physicist	Date of Certification: _____ / _____ / _____ Date of Residency Completion: _____ / _____ / _____
☐ **Associate**	$125 USD	☐ Medical Physicist ☐ Medical Dosimetrist ☐ Radiation/Cancer Biologist ☐ Radiation Therapist ☐ Radiation Oncology Nurse ☐ Other: _____		
☐ **"In-Training"**	$50 USD	Start of Residency: _____ / _____ / _____ Expected Completion: _____ / _____ / _____ Institution: _____ City: _____ State: _____ Zip: _____		
Payment:				
I have submitted my dues of $_____ through PayPal via PTCOG-NA website on ____ / ____ / 2015				

I have reviewed the above information and certify that the information provided is correct and valid.

Signature: _____ **Date:** _____ /_____ /_2015_

For PTCOG-NA Office Use Only

I support the above referenced applicant for membership into this society.

_____ _____

Eugen Hug, MD, President **Hesham Gayar, MD,** Vice President, Membership Committee

Please submit applications to Hesham.Gayar@McLaren.org or via fax (810) 342-3833, Attn: PTCOG-NA Application

http://ptcog-na.org/individual_members.html