



# 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:			
<input type="checkbox"/> Full	\$225 USD	<input type="checkbox"/> Physician <input type="checkbox"/> Radiation Physicist <input type="checkbox"/> Radiation/Cancer Biologist	Board Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Certification: ____ / ____ / ____
<input type="checkbox"/> Associate	\$125 USD	<input type="checkbox"/> Medical Physicist <input type="checkbox"/> Medical Dosimetrist <input type="checkbox"/> Radiation/Cancer Biologist <input type="checkbox"/> Radiation Therapist <input type="checkbox"/> Radiation Oncology Nurse <input type="checkbox"/> Other: _____	Years of experience in Particle Therapy if any: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more Required only if not ABR certified physicist	Date of Residency Completion: ____ / ____ / ____
<input type="checkbox"/> "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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

REV 04/18

*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](mailto:Hesham.Gayar@McLaren.org) or via fax (810) 342-3833, Attn: PTCOG-NA Application

[http://ptcog-na.org/individual\\_members.html](http://ptcog-na.org/individual_members.html)