

For Office Use Only Ind ID: Start Date:

# AAPM APPLICATION FORM FOR FULL MEMBERSHIP

**NOTE:** All information required to complete an application must be received within 30 days of receipt of the application or it will automatically be withdrawn. The applicant must then resubmit all required documents including an additional application fee.

Send this completed form electronically as an attachment to: <u>membership@aapm.org</u>. Please also attach an ID style photograph of yourself (JPG format) for use in the AAPM Membership Directory. **Please use the Fill & Sign feature to complete all fields [handwritten applications will NOT be accepted].** For instructions/details see: https://helpx.adobe.com/reader/using/fill-and-sign.html

## **) PERSONAL & CONTACT INFORMATION**

Prefix	First Name	Middle Initial	Last Name	Suffix
E-mail				Mobile Phone
Date of E	3irth://			

# **) CURRENT EMPLOYMENT**

Title/Position		
Department	Institution	
Street Address 1		
Street Address 2		
City	State/Province	
Country	Zip	
Office Phone	Fax	

## **) EQUITY DIVERSITY & INCLUSION (optional)**

Gender Identity (Please check all that apply): 
Man Woman Gender Nonconforming (e.g. Genderqueer, Genderfluid)
I Nonbinary Transgender Two-Spirit (only applies to American Indian and Alaska Native)

□ Other Gender Identity Not Listed □ Prefer Not to Specify

#### Culture and Race (optional)

Are you of Hispanic, Latino, or Spanish origin?

- O No, not of Hispanic, Latino, or Spanish origin
- O Yes, Puerto Rican

- O Yes, CubanO Yes, another Hispanic, Latino, or Spanish origin not listed
- O Yes, Mexican American, Chicano

What is your race? (choose all that apply)

- □ White
- Black, African American
- American Indian or Alaskan Native
- Asian Indian
- □ Japanese

- Native Hawaiian
- □ Chinese
- 🗆 Korean
- □ Guamanian or Chamorro
- □ Filipino

- □ Vietnamese
- 🗆 Samoan
- □ Other Asian
- □ Other Pacific Islander
- □ Some Other Race

## **)** ATTESTATIONS

- O I agree to abide by the <u>Code of Ethics</u>.
- O I am professionally active in the application of physics in medicine and biology.

### **} EDUCATION & RESIDENCY**

**EDUCATION** — Include institution, major, degree, and month/year attended for each. List current or most recently received degree in the physical or biological sciences, computer sciences, mathematical sciences, or engineering.

#### Undergraduate (required)

School Name and Location	Start Date (MM/YYYY)	End Date (MM/YYYY)
Degree or Diploma (abbrev) Major Subject		
Graduate (required)		
School Name and Location	Start Date (MM/YYYY)	End Date (MM/YYYY)
Degree or Diploma (abbrev) Major Subject		
Other Advanced Degree		
School Name and Location	Start Date (MM/YYYY)	End Date (MM/YYYY)
Degree or Diploma (abbrev) Major Subject		
RESIDENCY		
Institution Specialty CAMPEP Accredited (Y/N)	Start Date (MM/YYYY)	End Date (MM/YYYY)
ADDITIONAL INFORMATION		
Are you a Medical Physicist Assistant (MPA)? O Yes O No		
Have you ever been a member of AAPM? O Yes O No		
Are you new to the medical physics profession? O Yes O No		
What led you to join AAPM now? (check all that apply)	] Professional 🛛 Other	
How did you hear about AAPM? (check all that apply)		
<ul> <li>AAPM Member</li> <li>ABS</li> <li>COMP</li> <li>AAPM Regional Chapter</li> <li>AAPM Regional Chapter</li> <li>AAPM Regional Chapter</li> </ul>	<ul><li>AAPM Mee</li><li>ASTRO</li><li>Other</li></ul>	ting

Are you a member of the Canadian Organization of Medical Physics (COMP)? O Yes O No

Non-USA members typically receive *Physics Today* online only. Would you prefer to receive *Physics Today* in print at no additional cost? O Yes O No