



For Office Use Only

Ind ID:

Start Date:

AAPM APPLICATION FORM FOR **GENERAL 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to complete an application must be received within 30 days of receipt of the application or it will automatically be withdrawn.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: membership@aapm.org. 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 Birth: ____/____/____ (MM/DD/YYYY)				

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)
☐ 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?

- | | |
|--|---|
| <input type="radio"/> No, not of Hispanic, Latino, or Spanish origin | <input type="radio"/> Yes, Cuban |
| <input type="radio"/> Yes, Puerto Rican | <input type="radio"/> Yes, another Hispanic, Latino, or Spanish origin not listed |
| <input type="radio"/> Yes, Mexican American, Chicano | |

What is your race? (choose all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black, African American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Some Other Race |

» ATTESTATIONS

- ☐ I agree to abide by the [Code of Ethics](#).
- ☐ I am professionally active in the application of physics in medicine and biology.
- ☐ I understand that years spent as a General Member do not contribute to eventual Lifetime Membership qualification.

» 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)
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Degree or Diploma <i>(abbrev)</i>	Major Subject
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Graduate

School Name and Location	Start Date (MM/YYYY)	End Date (MM/YYYY)
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Degree or Diploma <i>(abbrev)</i>	Major Subject
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Other Advanced Degree

School Name and Location	Start Date (MM/YYYY)	End Date (MM/YYYY)
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Degree or Diploma <i>(abbrev)</i>	Major Subject
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RESIDENCY

Institution	Specialty	CAMPEP Accredited (Y/N)	Start Date (MM/YYYY)	End Date (MM/YYYY)
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» ADDITIONAL INFORMATION

Are you a Medical Physicist Assistant (MPA)? ☐ Yes ☐ No

Have you ever been a member of AAPM? ☐ Yes ☐ No

Are you new to the medical physics profession? ☐ Yes ☐ No

What led you to join AAPM now? *(check all that apply)* ☐ Scientific ☐ Educational ☐ Professional ☐ Other

How did you hear about AAPM? *(check all that apply)*

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> AAPM Member | <input type="checkbox"/> A Professor/Mentor | <input type="checkbox"/> AAPM Meeting |
| <input type="checkbox"/> ABS | <input type="checkbox"/> ACR | <input type="checkbox"/> ASTRO |
| <input type="checkbox"/> COMP | <input type="checkbox"/> HPS | <input type="checkbox"/> Other |
| <input type="checkbox"/> AAPM Regional Chapter | <input type="checkbox"/> RSNA | |

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