



ASSOCIATE MEMBER VERIFICATION

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>

Please email the following form to your supervisor, manager, program director, or advisor.

Questions? Please contact membership@aapm.org for help with this form.

STEP 1: APPLICANT DETAILS

First Name

Last Name

STEP 2: APPLICANT'S ROLE

Please tick ONE statement that BEST applies to the applicant.

Postdoctoral Research Associate or Fellow

Medical Physicist Assistant

Resident

Clinical Engineer

Medical Physics Certificate Program Student

Graduate / Undergraduate Student

STEP 3: YOUR ROLE

I am the supervisor, manager, program director, or advisor of the applicant for the role listed above. Yes No

STEP 4: SIGN AND RETURN

I declare that:

- I am eligible to verify this information for the applicant.
- All the information I have provided is true and correct to the best of my knowledge, and
- I understand that giving false or misleading information may subject me or the applicant to an AAPM ethics violation.

First Name

Last Name

Email

Phone

Email the completed form (as an attachment) to membership@aapm.org