

CANADIAN ORGANIZATION
OF MEDICAL PHYSICISTS



ORGANISATION CANADIENNE
DES PHYSICIENS MÉDICAUX

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APPLICATION FOR CORPORATE MEMBERSHIP

CORPORATE NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

WEBSITE URL: _____

Provide brief description of the company:

CONTACT PERSON:

Name: _____ EMAIL: _____

Position: _____

Permission to put a link at the COMP/CCPM website www.medphys.ca

Permission is hereby granted to the Canadian Organization of Medical Physicists to provide a link to this Corporate Member's website:

SIGNATURE

PRINT NAME

Please complete and forward with Corporate Member Dues payment of

\$500 Cdn (\$350 US) to the address above.

Thank you!