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## Application for Membership

Name: \_\_\_\_\_ (Dr.) (Mr.) (Mrs.) (Ms.) *please circle one*  
 Mailing \_\_\_\_\_ (Home) or (Institute)  
 Address: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_  
 \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Postal/Zip Code: \_\_\_\_\_ Personal Website: \_\_\_\_\_

**Present Position:** \_\_\_\_\_

**Highest Degree:** \_\_\_\_\_ **Year Graduated:** \_\_\_\_\_ **Area of Specialty:** \_\_\_\_\_

**Profile:** Teaching:  % Service:  % Administration:  %  
 Research:  % Consulting:  % Other:  %

**Other Memberships:** CCPM:  AAPM:  HPA:  CAP:   
 SPIE:  SPSE:  CRPA:  ISMRM:

***I wish to join COMP as a...***

Full Member*	Associate Member*	Student Member	Retired Member*	Corporate Member
(\$100) <input type="text"/>	(\$100) <input type="text"/>	(\$20) <input type="text"/>	(\$70) <input type="text"/>	(\$500) <input type="text"/>

\*PLUS \$30.00 processing fee ☐ (full members, associate members, retired members only)

**Subscription to:** "Physics in Medicine and Biology" --- \$250.00 ----- ☐

"Physics in Canada" ----- \$45.00 ----- ☐

***I enclose my cheque for \$ \_\_\_\_\_, payable to COMP.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Verification of Eligibility

*To be completed by employer or University/Hospital Department Chairperson*

This is to verify that \_\_\_\_\_ is currently:

- ☐ Actively employed as a medical (hospital, health, bio-) physicist
- ☐ Enrolled in a graduate program in medical physics. He/she is registered as a full-time university student studying towards a degree.

Institution, Department, etc.: \_\_\_\_\_

\_\_\_\_\_  
(name and position)

\_\_\_\_\_  
(date and signature)