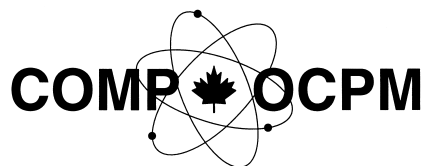


CANADIAN ORGANIZATION  
OF MEDICAL PHYSICISTS



ORGANISATION CANADIENNE  
DES PHYSICIENS MÉDICAUX

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Edmonton, AB T5B 4T8

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## Application for Corporate Membership

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel: (     ) \_\_\_\_\_

\_\_\_\_\_ Fax: (     ) \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

*Provide brief description of the company (or attach relevant material):*

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

### **Contact Person:**

Name: \_\_\_\_\_ (Dr.) (Mr.) (Mrs.) (Ms.) *please circle one*

E-Mail: \_\_\_\_\_

### ***Permission to Post Web Site Link on COMP/CCPM Home Page ([www.medphys.ca](http://www.medphys.ca))***

Permission is hereby granted to the Canadian Organization of Medical Physics to provide a link to this Corporate Member's Web site:

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***Complete and forward with 2000 Corporate Member Dues of \$500 Cdn. to the address above.***