

CONFERENCE OF RADIATION CONTROL PROGRAM DIRECTORS, INC. (CRCPD) MEMBERSHIP APPLICATION

Applications require dues payment to be processed. * Required information is in all capital letters.
The applicant's signature is required. Director Member and Associate Member applications require an additional signature.

1. Applicant INFORMATION:

<p style="text-align: center;">NAME and title: ORGANIZATION NAME: STREET OR PO BOX: CITY, STATE, ZIP: Telephone: E-MAIL ADDRESS**:</p>	<p>There is a separate nomination form for Emeritus, Honorary, and Life memberships. The form is available online; the form is also available from CRCPD for those not able to obtain the form online.</p> <p>**Required to access the <i>Members Only/Regulatory Forum</i> sections on CRCPD's Web site.</p>
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2. Membership CATEGORY (Check one): If you have any questions regarding which type of membership is the correct one for you, please contact Sharon Bowen at CRCPD (502/227-4543, Ext. 2229). **NOTE: 2023 DUES INCREASE**

Category	Annual Fee	Category Description	Signature(s) required
Director	\$145	Director Members are those individuals who are directors of radiation control programs of approved governmental entities, as defined by the CRCPD Bylaws. The applicant's supervisor's signature is required. ->>	<p>Sign here:</p> <hr style="border: 1px solid blue;"/> <p>For the Director Member, the Applicant's Supervisor's Signature is required above.</p>
Associate	\$65	Associate Members are staff of state and local radiation control programs. Employment verification by the program director is required in the box to the right.->> Application is for Individual Associate Membership unless specified otherwise by the Director Member. ->>	<p>This is to verify that the above individual is an employee of the State's Radiation Control Program.</p> <p>Sign here:</p> <hr style="border: 1px solid blue;"/> <p>Program Director's Signature This applicant is to be included in my State's ___ Group Membership ___ Agency Membership</p>
Affiliate	\$95	Affiliate Members are individuals not with a state or local radiation control program with an interest in radiation protection and the activities of the CRCPD.	<p>4. APPLICANT'S SIGNATURE</p> <p>Sign here:</p> <hr style="border: 1px solid black;"/> <p>Date _____</p>
International	\$105	International Members are individuals employed in radiation protection programs that are not in the United States or Puerto Rico.	
Emeritus	Waived the First Year	Director and Associate members retired from a radiation control program can apply. All others must be retired from active radiation work and be nominated by the Board.	<p>Federal Tax ID # 71-0477513 DUNS # 11-596-3720</p>

3. Method of PAYMENT:

<input type="checkbox"/> Check Enclosed (Payable to CRCPD)	
<input type="checkbox"/> Check to be Sent Separately	
<input type="checkbox"/> Purchase Order Enclosed	Purchase Order Number: _____
<input type="checkbox"/> Purchase Order to be Sent Separately	
<input type="checkbox"/> Credit Card on CRCPD portal	

*** If payment is *not* enclosed, the reason is:**

___ This individual is included in the State's Group Membership: Specific individuals are included in one invoice, so payment may not be required when adding a new member, but new members are required to complete and submit a membership application.

___ This individual is included in the State's Agency Membership: The state pays a flat fee based on the Agency size selected by the Director Member, so payment is not required when adding a new member, up to the maximum number in the Agency's size. The Director Member provides CRCPD each new member's name, address, telephone and fax numbers and email address. This information may be (but is not required to be) provided on a membership application.

Send to: CRCPD, Attn. Sharon Bowen
201 Brighton Park Blvd., Suite 1
Frankfort, KY 40601
sbowen@crcpd.org

Fax: 502/227-7862
Tele: 502/227-4543, Ext. 2229