

Member Renewal/Application

Form available online at www.stc-hps.org

Please print – Information is used for mailing labels and directory listing.

Name _____ Title _____
(First Middle or Initial-Optional Last) (PhD, MS, CHP, NRRPT, etc.)

RENEWALS: Check and update your CONTACT information in the STC online directory at www.hpschapters.org/stc/login.php3. Then submit this form with just your name, payment, and other choices below and sign here: _____
New members, please complete the entire form.

Business name _____ Business dept. _____
Provide business name and check if address given is Bus. or Home

Street _____ Apt./PO Box# _____

City _____ State _____ Zip code _____ Omit address from Directory

Phone _____ Type of phone Bus. Home Mobile Omit from Directory

Fax _____ Type of fax Bus. Home Omit from Directory

Email _____ Omit from Directory

Alternate Email _____ Not for Directory, only to be used by STC if primary email fails

- Yes, I am a National HPS member. I only want *The Billet STC Newsletter* electronically
 Yes, I am a certified health physicist. *THIS INFORMATION CAN BE UPDATED ONLINE*
 Yes, I am a registered radiation protection technologist.
 Other

Please check the STC-HPS committee(s) on which you would like to actively serve.

- Nominating Meeting Program Admissions (Membership) Publications
 Legislation Public Relations Affiliate Other/Ad Hoc
 Student Assistance Science Teacher Workshop

Enclosed is my check # _____ made payable to the STC-HPS for the following:

STC-HPS dues for the year:

Regular membership:	\$10/yr × _____ Years	= \$ _____
Student membership:	\$ 5/yr × _____ Years	= \$ _____
Student Scholarship Fund Donation (tax deductible)		= \$ _____
Science Teachers Workshop Donation (tax deductible)		= \$ _____
Total Enclosed		= \$ _____

Please complete and mail this form with your check or money order (payable to STC-HPS) to:

STC-HPS Treasurer • PO Box 201723 • Austin, TX 78720-1723

To pay by major credit card (VISA®/MasterCard®/American Express®/Discover®), transmit your credit card number, expiration date, and payment authorization to the STC-HPS treasurer, using one of the following methods:

- Email it to pete.myers6@sbcglobal.net
 Telephone it to Pete Myers at 512-301-1182
 Include it on the Member Renewal/Application form (below)

Number _____ Expiration date _____ Signature _____