

Cincinnati Radiation Society
Application for Affiliate Membership
(Affiliate Dues: \$50/year)

Mail Application/Payment to:

Cincinnati Radiation Society
Attn: Wade C. Morris
6951 Juniperview Lane
Cincinnati, Ohio 45243

Date: _____

Email Application to: meeting@crs-hps.org

Payment of dues signifies your willingness to comply with the By-laws and Rules of the Cincinnati Radiation Society as long as you are a member. Cash, check, or money order made payable to the Cincinnati Radiation Society must accompany this form. Affiliate membership is \$50.00/year. The membership year begins September 1 and ends August 31 of the following calendar year.

Organization: _____

Contact: _____

Phone: _____ **Fax:** _____

Email Address: _____

Mailing Address: _____

City, State, Zip: _____

Website Address: _____

Provide a brief summary of your company/company products as you would like displayed on the CRS web site. When possible, the posting will include a link to your company website. (An electronic copy of the summary is requested.)