



The European Federation of Organisations for Medical Physics

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## APPLICATION

### SPECIAL INTEREST GROUP NEW MEMBER

<b>Name of SIG:</b>	
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#### Applicant information\*

<b>Name (first, last):</b>	
<b>Nationality<sup>1</sup>:</b>	
<b>Affiliation<sup>2</sup>:</b>	
<b>Member of NMO:</b>	<b>Yes:</b> <input type="checkbox"/> <b>No:</b> <input type="checkbox"/>
	<b>If Yes, which one:</b>
<b>Individual Associate Member:</b>	<b>Yes:</b> <input type="checkbox"/> <b>No:</b> <input type="checkbox"/>
<b>Corporate member application<sup>3</sup>:</b>	<b>Yes:</b> <input type="checkbox"/> <b>No:</b> <input type="checkbox"/>
<b>Contact information:</b>	<b>email:</b>
	<b>phone number:</b>
<b>Date:</b>	

**\*Processing the application will only be possible if a professional CV in a separate file is enclosed.**

- 1) **Nationality** – country where applicant works
- 2) **Affiliation** – office or institution related to applicant's primary position
- 3) **Corporate member application** – applicants from companies can become observers only