

Headquarters

12100 Sunset Hills Road
Suite 130
Reston, VA 20190
Phone: (703) 234-4063
Fax: (703) 435-4390
E-Mail: aamd@medicaldosimetry.org
Website: http://www.medicaldosimetry.org



Individual Application for Membership

Select your membership category and complete all of the required sections; be sure to sign and date the Membership Agreement and mail along with payment to AAMD Headquarters at address printed above.

___ Full Member CMD

Check all that apply

- Clinical
- Clinical-locums
- Applications Specialist
- Educator
- Administrator
- Sales
- Other

___ Professional Associate Member

Check all that apply

- non-CMD
- Physicist
- Physician
- Administrator
- Radiation Therapist
- Nurse
- Other

___ Retired Member

Proof of age required

___ Change of Classification: From: _____ To: _____
(Update Section 1.0)

Section 1.0

NAME: _____
Last First Middle Init. Suffix

Preferred mailing address: Home Office Electronic (when possible)

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Name of Institution: _____

Department: _____ Title: _____ Position: _____

Email (required): _____

CERTIFICATION(S): (List current certifications including membership ID number)

MDCB [CMD] _____ ARRT [RT(T)] _____ RN/BSN/OCN _____
ARRT [RT(R)] _____ ABMP Medical Physics _____
ABR Medical Physics _____ Other _____