



# AAPM

## Membership Certificate Order Form

**\*\*\* AVAILABLE ONLY TO ALL MEMBERS \*\*\***

Date: \_\_\_\_\_ AAPM Member Number: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Degree(s): \_\_\_\_\_

Full Member since: \_\_\_\_\_

Full Name as it should appear on Membership Certificate, including degree(s):

\_\_\_\_\_

\$25 Payment:  Check (*drawn on U.S. funds*)  Visa  MasterCard  AMEX

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature of member requesting certificate: \_\_\_\_\_

Mail certificate to different address than one listed in AAPM database.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail or fax completed form to:

AAPM  
One Physics Ellipse  
College Park, Maryland 20740-3846  
Fax: 301-209-0862