



# AAPM

## Membership Certificate Order Form

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

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

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

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

Middle Name: \_\_\_\_\_

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

Member Since Date: \_\_\_\_\_

\$25  Check(drawn on U.S. funds)  Visa  MasterCard  Amex  Discover

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV (security code): \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail or fax completed form to:

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