



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