



## CIRMS Membership Application

### Instructions

**Complete this form and print it. Fax to 972-883-7202 or mail the completed form and send your payment to: CIRMS, P.O. Box 262333, Plano, TX 75026.**

### Membership Class

Select which membership class:

- Corporate Sponsor \$1,000.00
- Corporate Sponsor Bronze \$2,000.00
- Corporate Sponsor Silver \$3,000.00
- Corporate Sponsor Gold \$5,000.00
- Corporate Sponsor Platinum \$10,000.00
- Government / Non-Profit Organization Sponsors \$750.00
- Individual Member \$50.00
- Student Member \$25.00

### Member Information

Name and Address of Applicant. Corporate and Organizational Sponsors may name up to six

**Representative Name:**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip- Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Representative 2 Name:**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Representative 3 Name:**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Representative 4 Name:**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Representative 5 Name:**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Representative 6 Name:**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**Areas Of Interest**

	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5	Rep 6
Homeland Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Applications & Materials Effects (IAME)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Applications (MED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Protection (RP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Payment Options**

Check # \_\_\_\_\_

Please make Check payable to CIRMS and mail or fax information to the address above.

Credit Card Type:

Visa

Master Card

American Express

Name On Card:

\_\_\_\_\_

Expire Date:

Card Number:

\_\_\_\_\_

Signature:

\_\_\_\_\_