American Brachytherapy Society

11130 Sunrise Valley Drive, Suite 350, Reston, VA 20191 ● 703-234-4078 ● 703-234-4147 (fax)

2021 MEMBERSHIP APPLICATION

Name: _____ _____ ____ _____
(Last) (First) (MI) (Degree)

Date of Birth: ____/____/____ Male☐ Female☐

Contact Information: Home☐ Office☐
Institution/Dept: _____
Street: _____
City: _____ State, Zip: _____
Country: _____ E-mail: _____
Phone: _____ Fax: _____
Preferred Username:_____ Preferred Password:_____

Membership Type:

Regular – Active ($325) ☐	Physician ☐ Medical Physicist ☐	Board Certified Yes ☐ No☐ Date of Certification: _____	**Specialties** **Prostate:** __ LDR __HDR **GYN:** __ Cervical __ T&O __ T&R __ Interstital **Breast**:__ Interstitial __ Intracavity __ Electronid __ HDR **Skin:** __HDR __Electronic **GI:** __ Esophagus__Cholangeo __Anal **Cardiac __** **Ocular __** **Lung __**
Associate ($125) ☐	Dosimetrist ☐ Nurse ☐ Technologist ☐		
First Year Post Residency ($110) ☐	Membership time frame is valid for 1 year post-residency		
Resident ($0) ☐	Date of Residency: ____ /____/_____ to ____/____/_____ Institution: _____ City: _____ State: _____ Zip: _____		
Commercial ($500) ☐	Company _____Phone: _____ Ext: _____ (Note: Applicant will be contacted for Commercial Membership, please list contact name in space provided above)		

Benefits:

A subscription to *Brachytherapy*, 6 issues per year
A bi-annual newsletter
Monthly Brachyblast
Access to the ABS members-only site
Discounts to all ABS educational events
Networking opportunities with leading brachytherapy practitioners
CME, CAMPEP and MDCB credits for ABS educational events

Preferred Username:_____Preferred Password:_____

Dues:

☐ I have included my dues payment of $_____. Check #: _____
☐ Please charge my credit card:
☐ American Express ☐ Visa ☐ Mastercard

Card #: _____ Expiry: _____/_____ CVV: _____

Signature (Credit card authorization): _____ Date: ____/____/____

I support the above reference applicant for membership into the Society

Dan Petereit, MD, FASTRO
President, 2019-2020

Jarek Hepel, MD and Juanita Crook, MD
Chairs, Membership Committee, 2019 -2020