



# National Registry of Radiation Protection Technologists

P.O. Box 3084, Westerly, RI 02891  
NRRPT@NRRPT.org

(401) 637-4811 (ofc)  
(401) 637-4822 (fax)

## Associate Membership Form

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home or Cell or Work Email Address

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Are you currently engaged in radiation protection? YES / NO

Number of years of radiation protection experience: \_\_\_\_\_

What year do you plan to take the **NRRPT** exam? \_\_\_\_\_

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Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Send application and membership fee of \$10 to: **NRRPT**  
P.O. Box 3084  
Westerly, RI 02891

Reviewed Date: \_\_\_\_\_  Approved  Denied **IF** denied, reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_