



National Registry of Radiation Protection Technologists

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

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

Student/Associate Membership Form

(Initial and Renewal)

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____
Home or Cell Work

SUGGESTED LIST OF RELATED FIELDS/COURSES

Radiobiology	Nuclear Medicine Technology
Radiochemistry	Nuclear Technology
Radiological Environmental Technology	Physics
Radiological Environmental Engineering	Radiology
Health Physics	Radiologic Technology
Nuclear Engineering	Radiological Engineering

- **IF** seeking membership as a **Student**:

University or Technical School: _____

Address: _____
Street City State Zip

Education Major and/or Health Physics-Related Course Work: _____

- **IF** seeking membership as an **Associate**:

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? _____

Date: _____ Applicant's Signature: _____

Send application and subscription fee of \$10 to: **NRRPT**
(First Year is Free) P.O. Box 3084
Westerly, RI 02891

Reviewed Date: _____

Approved Denied IF denied, reason: _____