



CONFERENCE OF RADIATION CONTROL PROGRAM DIRECTORS, INC. (CRCPD)

WORKING GROUP INTEREST FORM

You must be a CRCPD member to serve on a CRCPD Working Group.

Name:

Organization Name:

City, State:

My areas of expertise are *(select areas 1-2-3, with 1 being your strongest area):*

Administration

Other:

Other professional organizations of which I am a member:

The Working Group(s) on which I would like to serve, in what capacity member or advisor, and in what priority *(with 1 as the highest)*. *(For Working Group names/numbers, refer to the list provided. For details regarding any of the Working Groups, contact Mendy Cremeans at CRCPD. For an explanation of the categories, refer to the description provided.)*

Working Group	Advisor Only	Advisor - Member	Member Only	Priority
	<i>(Does not desire to become a Member)</i>	<i>(Desires to become a Member when a vacancy occurs—Advisors are given first priority)</i>	<i>(Does not desire to serve as an Advisor)</i>	

If you need to identify more Working Groups, please copy this form and provide the additional information as an attachment.

Please send this completed form to:
 CRCPD
 Mendy Cremeans at
mcremeans@crcpd.org 201
 Brighton Park Blvd, Suite 1
 Frankfort, KY 40601 Fax:
 502/227-7862 Telephone:
 502/227-4543

If any of your information has changed from what was previously submitted (Title, Organization Name, Address, Telephone, Fax, E-mail), please provide your new information below: