SGSMP
SSRPM
SSRFM

Schweizerische Gesellschaft für Strahlenbiologie und Medizinische Physik
Société Suisse de Radiobiologie et de Physique Médicale
Società Svizzera di Radiobiologia e di Fisica Medica

Swiss Society of Radiobiology and Medical Physics
Member of the European Federation of Organisations for Medical Physics (EFOMP) and the International Organization for Medical Physics (IOMP)

SSRMP Membership Application Form

Salutation: ◯ Ms. ◯ Mr.

Title:

Last Name:

First Name:

Phone(s):

Date of Birth:

E-mail address(es):

Place of Origin
(CH-nationals)
or Nationality:

Working address:

Profession:

SSRMP certification: ◯ No ◯ Yes, in the year

With the signature on this SSRMP application form, the applicant agrees to the SSRMP privacy policy, which can be consulted on https://ssrpm.ch/privacy-policy/.

In order to become a member of SSRMP, the applicant has to be recommended by a current member (provided by signature below):

Name of member providing the recommendation:

Date: _____ Signature **Member**: _____

Date: _____ Signature **Applicant**: _____

Send fully completed form to:

Ms.
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