
Application for Emeritus Membership

Name _____

Years of Membership (minimum of five years required): _____

Years of work experience (total) in nuclear materials management: _____

Field or Subject of expertise: _____

Previous Experience

Immediate Past Employer: _____

Address: _____

City: _____ State: _____

Country: _____ Zip/Postal Code: _____

Telephone: _____ Length of employment: _____ Ending Position: _____

Contributions to INMM

Leadership Positions: _____

Committee Participation: _____

Events (e.g.: workshops, seminars, chapter or technical activities): _____

Technical presentations, articles, or papers: _____

Contributions to the field of Nuclear Materials Management

(e.g.: affiliation or participation in events sponsored by NGOs, educational or non-profit organizations)

Attach a separate sheet if applicable: _____

Preferred Mailing Address

Address: _____

City: _____ State: _____

Country: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Signature of Applicant: _____ Date: _____

Return this completed application to:

Institute of Nuclear Materials Management

1120 Route 73, Suite 200

Mount Laurel, NJ 08054 USA

+1-856-380-6813, Fax: +1-856-439-0525

E-mail (preferred): inmm@inmm.org

Web site: www.inmm.org