



Professional Reactor Operator Society

P.O. Box 484, Byron, IL 61010-0484

Phone/Fax: (815) 234-8140

APPLICATION FOR MEMBERSHIP

5-5-04

Name _____

Address _____

City, State Zip _____

Home e-mail _____

Work e-mail _____

Home phone _____

Work phone _____

Employer _____

Facility (nuclear station or NA) _____

Position/Title _____

Department _____

Currently licensed? (check one)	SRO	RO	LSRO	Certified RO/SRO	Previously Licensed	Never Licensed or Certified	MEMBERSHIP SPONSOR (optional)
Total years licensed or certified (or NA)				Shift or Staff license? (check one)	Shift	Staff	
I would help PROS in the following ways... (check all that apply)	a. Write an article for the Communicator						
	b. Help the Facility Rep communicate members' issues to the PROS Board						
	c. Become involved in Society governance						
	d. Work with other members on an issue that PROS is investigating or advocating						
Other: _____							
Enclosed is my personal check to PROS for \$35.00 annual dues, or please charge my credit card \$35.00.							
Visa _____ MasterCard _____ Number _____ Expiration date _____							
Signature _____							

Office use - dbase ___ / ___ / ___ paid ___ email ___ certificate ___ mag ___ calendar ___ letter ___ mailed ___ Comm welcome ___ sponsor credit ___