Dear SDAMPP Membership Committee:

As senior administrative leader of the medical physics (graduate or residency) program at (your institution’s name), I respectfully nominate the following individuals from our program for voting Membership in SDAMPP:

1. (Name), (leadership position held from the approved list), for (Regular or Emeritus) membership.
2. (Name), (leadership position held from the approved list), for (Regular or Emeritus) membership.
3. (Name), (leadership position held from the approved list), for (Regular or Emeritus) membership.
4. (Name), (leadership position held from the approved list), for (Regular or Emeritus) membership.

(You are not required to nominate four individuals, but four is the maximum for voting members. Provide compelling documentation if you are nominating someone whose leadership role is not on the approved list of roles.)

(The following section is optional:)

I also wish to nominate the following individuals from our program for non-voting membership:

1. (Name) for (Honorary or Associate) membership. (Attach documentation for why this person should be considered)
2. (continue with an many individuals as you wish)

Sincerely,

(Your name)

(Your leadership position in your program)