NYC Association for Central Service Professionals
Membership Form

Please check appropriate boxes

[ ] New Member [ ] Renewal IAHCSMM member [ ] yes [ ] no

Name _____

Address _____Postal Code _____

Phone (work) _____ (Home) _____ (Mobile) _____

E-mail address: _____

Hospital affiliation: _____ Fax # _____

Membership Rates: Annual fees are based on the financial year (i.e. valid until April 30)

[ ] $25 Active membership (those employed in Central Service or related field)
[ ] $35 Associate membership (have a relationship w/CS by virtue of occupation)

Members of the chapter receive our newsletter, educational programs to maintain CEU's, enrollment opportunities to chapter CRCST courses, opportunities to win scholarships to attend the IAHCSMM or the NY State CS annual meetings and a network of professionals available to mentor and to help you answer technical questions. Members abide by rules stated in our by-laws (copy posted on our website).

Date: _____ Signature _____

Please send check/money order payable to: NYCACSP
C/o Membership Dues
PO Box 1915
NY, NY 10156- 1915

www.nycentralservice.org/NYCACSP.htm
E-mail: **chapter@hvc.rr.com**

Date rec'd		Ck # rcv'd		Database		Email database		Welcome letter	

Preparing CS Professionals for Licensing