



**KANSAS SOCIETY FOR HEALTHCARE
CENTRAL SERVICE PROFESSIONALS**

A IAHCSSM Chapter

MAIL

Application for Membership 2015

_____ New Membership

_____ Membership Renewal

Healthcare Dues Structure

Active - \$25.00 Persons currently employed in CS in Kansas.

Associate - \$30.00 Persons actively engaged in the healthcare field and non-resident members.

Name: _____

Home Address: _____

City, State, Zip: _____

Email: _____

Hospital or Agency: _____ Position: _____

Street: _____ County: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Your Region (Refer to Map): _____ Are you a Chartered Member? _____ Yes _____ No

Are you a member of the IAHCSSM (International Association of Healthcare Central Service Materials Management)? _____ Yes _____ No

Are you an CSPDT (Certified Sterile Processing & Distribution Technician)? _____ Yes _____ No

International _____ CBSPD _____

May we include your contact information in our Membership Directory? _____ Yes _____ No

Would you prefer receiving the newsletter by email? _____ Yes _____ No

Make Checks Payable to KSHCSP

Mail to:

Thomas Forster
1136 South Pattie
Wichita, Kansas 67211

Society Use

Amount Received: \$ _____ Check # _____

Membership Card _____ Date Sent: _____

Membership Cert _____ Date Sent: _____

Pin _____ Member Number _____