



**KANSAS SOCIETY FOR HEALTHCARE  
CENTRAL SERVICE PROFESSIONALS**

A IAHCSMM 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 **IAHCSMM** (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 KSHCSPP

Mail to:

Thomas Forster  
1136 South Pattie  
Wichita, Kansas 67211

Society Use

Amount Received: \$ \_\_\_\_\_

Membership Card \_\_\_\_\_

Membership Cert \_\_\_\_\_

Pin \_\_\_\_\_

Check # \_\_\_\_\_

Date Sent: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Member Number \_\_\_\_\_