

**North Carolina Association for Hospital Central Service Professionals  
Application for Membership**

New Member                       Renewing Member                      Certification Organization \_\_\_\_\_  
 Certified Technician               Certified Manager/ Supervisor

*Membership is for the calendar year January 01 - December -31*  
Please Print Clearly or Type

Name \_\_\_\_\_

Title \_\_\_\_\_

Social Security Number (Last four digits only) XXX-XX-\_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

Other Hospital or Professional Organizations of which you are a member \_\_\_\_\_

Complete Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail address \_\_\_\_\_

Hospital or Organization \_\_\_\_\_

Full Name of Department (no initials please) \_\_\_\_\_

Complete Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- North Carolina Membership (individual)
- Out of State Associate Membership
- Vendor Associate Membership - Fee \$20.00

**USE HOME ADDRESS FOR MAILINGS**

- YES
- NO

**Individual Membership - \$20.00**

Individuals eligible for individual Membership in the Association shall be those directly involved in hospital Central Service. Individual members of the Association shall have a full vote on actions requiring the vote of the membership, be eligible to hold office, receive all mailings of the Association, and pay member registration fees quoted for all educational programs sponsored by the Association.

**Associate Membership - \$20.00**

Associate Membership may be granted to those individuals who have substantial interest in or indirectly involved in Central Service daily functions of a hospital or related health care activity. Out of state Central Service persons or industrial employees will be granted Associate Membership and they have no voting privileges nor shall be eligible to hold office. Such members shall receive all mailings from the Association and may attend educational programs by the Association at the member rate.

Remittance of dues made payable to N.C.A.H.C.S.P. must accompany this application and be submitted:

CAROLINAS MEDICAL CENTER – MERCY  
ATTN: HARRIET PRATT  
2001 VAIL AVENUE  
CHARLOTTE, NC 28207-1219