

North Carolina Association for Hospital Central Service Professionals Membership Contact Information Update Form

**Required Information*

*Name _____
*Title _____
*Phone Number (cell or home) _____
*E-Mail address (personal) _____
*Hospital or Organization _____
Full Name of Department (no initials please) _____
*Address Change _____
*City _____ *State _____ *Zip Code _____

Please select one of the following:

- North Carolina Membership (individual)
- Out of State Associate Membership
- Vendor Associate Membership

Individual Membership

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

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.

Any inquiries can be submitted to the following:

N.C.A.H.C.S.P. SECRETARY
SACHA B. GALLOWAY
813 DURWOOD DRIVE
FAYETTEVILLE, NC 28311
SGALLOWAY.NCAHCSP@GMAIL.COM



Instagram

