

North Carolina Association for Hospital Central Service Professionals Application for Membership

New Member Renewing Member Certification Organization
 Certified Technician Certified Manager/ Supervisor _____

***Required Information**

NOTE: Form is for NEW members only! Renewing members may contact me directly to make payment for dues. They are not required to resubmit an application form each year. Please complete the "Update Information" form if changing any personal information.

Membership is for the calendar year January 01, 20__ - December 31, 20__
Please Print Clearly or Type

*Name _____
*Title _____
*Phone Number (cell or home) _____
Date _____
Other Hospital or Professional Organizations of which you are a member _____
*E-Mail address (personal) _____
*Hospital or Organization _____
Full Name of Department (no initials please) _____

Meeting brochures are available on the Association web page at www.ncahcsp.org.

- North Carolina Membership (individual)
- Out of State Associate Membership (Live/work outside of NC)
- Vendor Associate Membership - Fee \$25.00

If paying via credit card: Name on card: _____ Card # _____
Exp Date _____ CVV # _____ Billing Zip Code _____

Individual Membership - \$25.00

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 - \$25.00

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 to:

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



Instagram

