



American Society of ExtraCorporeal Technology

2209 Dickens Rd., Richmond, VA 23230-2005 • Phone: 804-565-6363 • Fax: 804-282-0090
E-mail: kim@amsect.org • www.amsect.org

MEMBERSHIP APPLICATION

Please print or type

Last Name: _____ First Name: _____ MI: _____ Degree/Title: _____

Address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Office Phone: _____ Fax: _____ Home Phone: _____

E-Mail: _____ Date of Birth (mm/dd/yy): ____/____/____ Male Female

EDUCATION

Perfusion School: _____

Date of Graduation: _____

CERTIFICATION

CCP Year: _____

CCT Year: _____

Not Applicable Pending

PRIMARY EMPLOYMENT

- Hospital, clinic or medical center
- Perfusion services contract company
- Surgical group
- Self-employed as an independent perfusionist

- Manufacturer or distributor
- Perfusion school faculty
- Government (civilian)
- Government (military)

Other: _____

PROFESSIONAL POSITION

Check all that apply.

- Clinical perfusionist
- Pediatric specialist

- Perfusion educator
- Perfusion administrator

- ECMO Specialist
- Other: _____

MEMBERSHIP TYPES & FEES

Please see reverse for eligibility requirements

- Application fee for new members**.....+\$10
- Active Member (*print & electronic JECT*)\$225
- Associate Member (*electronic JECT only*)\$125
Including print and electronic versions of JECT.....\$225
- International Member (*electronic JECT only*)\$125
Including print and electronic versions of JECT.....\$225

- Perioperative Blood Management Clinician
(electronic JECT only)\$75
Including print and electronic versions of JECT.....\$225
- Student Member* (*electronic JECT only*)\$15
Students pay only the member fee, not the \$10 application fee.

*See eligibility requirements on back.

TOTAL AMOUNT DUE \$ _____

Your membership also includes a subscription to our newsletter, *AmSECT Today*.

PAYMENT OPTIONS

Check or money order enclosed (US Funds) made payable to: AmSECT, 2209 Dickens Rd., Richmond, VA 23230-2005.

AmEx Mastercard Visa Name on Card: _____

Expiration Date: _____ Card Number: _____ CVV Security Code* _____

Signature: _____ Date: _____

*CVV code is the three digit number on the back of VISA or MC or 4 digit number on the front of AMEX card above the account number.

ELIGIBILITY REQUIREMENTS

Please check the appropriate membership category on the front of this application.

ACTIVE MEMBERSHIP

A perfusionist active in the practice of extracorporeal circulation technology.

ASSOCIATE MEMBERSHIP

Involved with the clinical practice of extracorporeal technology but is not a perfusionist; or has an interest in either the society or extracorporeal technology, but who does not meet the stated criteria for any other membership category.

CCPs are not eligible for Associate Membership.

INTERNATIONAL MEMBERSHIP

Resides outside of the United States who is either actively engaged, or interested in, the practice of extracorporeal circulation technology.

PERIOPERATIVE BLOOD MANAGEMENT CLINICIAN MEMBERSHIP

Actively engaged, or interested in, the practice of perioperative blood salvaging and processing. An individual who is actively engaged in other perfusion activities shall not be eligible for this membership category.

STUDENT MEMBERSHIP*

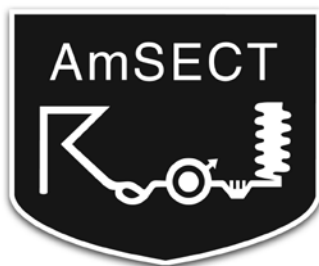
Enrolled in an accredited program of perfusion education, approved by the Board of Directors. Student members pay dues one time and remain student members while actively enrolled in the perfusion education program. *Students are required to pay only dues, not the \$10 application fee.*

*Perfusion Program Director must verify student participation in perfusion program by signing below.

Signature: _____ Print name: _____

To the best of my knowledge, all information included on this application is accurate.

Signature: _____ Date: _____



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