



STATE PERFUSION SOCIETY
ANY STATE IN THE UNITED STATES

SAMPLE

Please mail your completed form and send it with the membership fee to: NAME OF, Treasurer, State Perfusion Society, Any city or town, USA. A receipt will be returned for your records.

Membership Application
(Please Print Clearly)

Name	_____
Home Address	_____ APT # _____
City/Zip	_____
Home Phone (____) _____	Email _____
Work Phone (____) _____	
Fax Home (____) _____	
Fax Work (____) _____	

Membership Classification: (check appropriate box)

Perfusionist **Perfusion Student** **Other Category**

Annual Membership Fees: Perfusionist \$ 0000 Perfusion Student \$ 0000

Present Employer or School:

Would you be willing to serve on a committee ? If so, please indicate your choice:

- Government Relations Committee**
- Practice & Education Committee**
- Nominating Committee**
- Meeting Planning Committee**
- Other Committee**

What issues or concerns with the profession, if any, do you feel that the society should address ?