**New York State Society of Perfusionists**

**Membership Renewal and New Member Application**

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|       |       |       |
| First Name | Last Name | Phone [ ] home [ ]  cell [ ] work |
|       |       |       |       |       |
| Street Address | Apt# | City | State | Zip |
|       |       |
| Hospital Name or Corporation Affiliation | E-mail Address |

# Membership Dues

**[ ]  Active membership one year $35**

(NYS perfusionist)

**November 2023- December 2024**

**[ ]  Active membership two years $50**

(NYS perfusionist)

**November 2023 –December 2025**

**Please complete Membership form and return to NYSSocietyofPerfusionists@gmail.com**

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| --- |
| [ ]  VISA [ ]  Master Card [ ]  AMEX |
| Card #-       CSC -      |
| Expiration-:       |
| Billing Zip Code-        |