**New York State Society of Perfusionists**

**Membership Renewal and New Member Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | |  | | |
| 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**

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