

**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)
June 1, 2018-May 31, 2019
- Active membership two years \$50**
(NYS perfusionist)
June 1, 2018-May 31, 2020
- Associate membership one year \$35**
(all non-NYS Perfusionists & Corporate members)
June 1, 2018-May 31, 2019
- Associate membership two years \$50**
(all non-NYS Perfusionists & Corporate members)
June 1, 2018-May 31, 2020

TO PAY BY CHECK

Please make check payable to: **NYSSP Inc.**
Mail membership application and check to:
NYSSP c/o Ruby Bahk
School of Cardiovascular Perfusion
225 Community Drive, South Entrance
Great Neck, NY 11021
E-mail: rbahk@nshs.edu
Phone: 516-466-2994 Fax: 516-466-3780

TO PAY BY CHARGE CARD

VISA Master Card

Card # _____

Exp: _____

Billing address for charge card (if different than above):
