



CALIFORNIA CENTRAL SERVICE ASSOCIATION

Affiliated chapter of the International Association of Healthcare
Central Service Materiel Management



MEMBERSHIP APPLICATION AND RENEWAL FORM

(Please PRINT or TYPE Information)

Date: _____

EVERYONE must complete this information.

| | | | |
|---|---|---|-------------------------------|
| (Circle one:) | FIRST NAME | MIDDLE INITIAL | LAST NAME |
| Mr./Ms./Mrs. | | | |
| HOME ADDRESS: | | | AREA CODE/PHONE NUMBER () |
| HOME CITY | STATE | ZIP CODE | E-MAIL ADDRESS |
| POSITION TITLE: | | | |
| HOSPITAL/FIRM NAME | | | |
| BUSINESS ADDRESS | | | |
| BUSINESS CITY | STATE | ZIP CODE | |
| BUSINESS COUNTY | AREA CODE/PHONE NUMBER/EXTENSION () | | |
| LAST FOUR DIGITS OF SOCIAL SECURITY #: | YRS. IN CS FIELD: | PREVIOUS CCSA MEMBER? (Please <input checked="" type="checkbox"/> one) () YES () NO | |

PLEASE SEND ALL CORRESPONDENCE TO MY (one): () HOME () BUSINESS

| NEW MEMBER INFORMATION | |
|--|---------------------------|
| LICENSE(S) AND CERTIFICATION(S): (Please include license type [i.e., LVN, RN, etc.] and number(s)) | |
| IAHCSMM MEMBER NUMBER (circle classification level): | CRCST RCST CHL CIS |
| Member #: _____ | |

PAYMENT INFORMATION:

Make checks or money orders payable to: **CCSA**
1494 N. Mountain View Ave.
San Bernardino, CA 92405

(A service fee of \$10.00 will be charged for all returned checks.)
Membership fees are **non-refundable**

Membership fees: Annual Membership or Renewal **\$25.00** (April to April)
Membership fee waived when non-member fee paid for a CCSA seminar

SEMINAR ATTENDANCE DATE & CITY: _____

Visit us on the Internet: www.ccsa1.org

| | | | | | | | | |
|-------------------------|--------|----------|-----------------------|---------|-----------|--------------|-----------|------------|
| OFFICE USE ONLY: | | | | | | | | |
| New Member: () | | | Returning Member: () | | | Renewal: () | | |
| MEMBER # | REG. # | DATE PD. | AMT. PD. | CHECK # | RECEIPT # | EXPIRES | PKG. SENT | DATA ENTRY |