



# 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 ALL 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))

IAHCSSM 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](http://www.ccsa1.org)

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