**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)

**January 2024- December 2025**

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

(NYS Perfusionist)

**January 2024 –December 2026**

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

**Secure Payment Portal will be emailed upon receipt of Application**