**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**](mailto:NYSSocietyofPerfusionists@gmail.com)

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