

Connecticut Society of Perfusion



CSP MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

PHONE _____

FAX _____

EMAIL _____

HOSPITAL _____

APPLICATION CATEGORY: ___ Renew ___ New Member

(Check all that apply) ___ CCP ___ Student ___ Corporate

I am willing to serve in any of the following positions:

___ President ___ Vice-President ___ Secretary ___ Treasurer

DUES: Regular or Corporate Membership \$30.00 - Student Membership \$ 0.00

Mail application to:

Connecticut Society of Perfusion

C/o Michael Smith

EC-RSP

Quinnipiac University

275 Mount Carmel Avenue

Hamden, CT 06518