



Instrumental to Patient Care®

Membership Benefits Include:

- Communiqué (print or online)
- Discounts on Annual Meeting Registration, Publications and Lesson Plans
- Eligibility for Awards
- Access To The Online Member Portal Discussion Forum, Online Communiqué, Member Account Information)
- Committee and Chapter Involvement Opportunities
- Vote For Elected Officers and By-Law Amendments of the Association
- Access To Leading Certification Programs and Continuing Education
- Belong to a Professional Association of Over 11,000 Colleagues

Section One – Individual Information

Name: _____
First Middle Last

Home Address Number and Street _____ City _____ State/Province _____ Zip/Postal Code _____ Country (if Canada or Overseas) _____

Home Phone: (____) ____ - ____ Country Code (if applicable) _____ Alternative Phone: (____) ____ - ____ Country Code (if applicable) _____

Email: _____
Personal/Home Email Work/Hospital/Institution Email

Section Two - Institution Information

Name of Hospital/Institution

Hospital/Institution Address (Number and Street) State/Province Zip/Postal Code Country (if Canada or Overseas)

Work Phone: (____) ____ - ____ Country Code (if applicable) _____ Fax: (____) ____ - ____ Country Code (if applicable) _____

Job Title: _____ Other Designations (RN, BSN, etc.) _____

Section Three - Membership Type

Period of Membership: Membership periods begin the date of application approval and continue thru the current billing period. From that point forward, membership periods are for 12 month increments from April 30 until April 29 of the following year.

12 months: \$40

Active Membership:

Reserved for all personnel employed in the Central Service Materiel Management discipline (i.e. Technicians, Supervisors, Managers, Directors, Chiefs or other non-supervisory or lead personnel).

12 months: \$40

Associate Membership:

Reserved for an individual determined by virtue of his/her practice to have an allied relationship with a Central Service Materiel Management Departments.

Section Four - Communiqué

Communiqué magazine is a bi-monthly publication of IAHCSSM, and included with all Active and Associate Memberships. Please indicate how you would like to receive this portion of your membership (choose **one**; default will be the home address):

- Mail to my home address
- Mail to my hospital/institution address
- To conserve paper, I prefer to read Communiqué online within the Member Portal at www.iahcsmm.org

Section Five - Affinity Partners

IAHCSSM has developed affinity partnerships with companies that provide products or services that may be of interest to IAHCSSM members. IAHCSSM carefully screens all such partners and their marketing techniques and materials to ensure that these offerings are appropriate and in good taste. If you do not want us to provide your name and contact information for the purpose of receiving these marketing efforts, please indicate your desire below.

Send industry mail to:

(Choose **one**; default will be your Primary Address)

- Home Address
- Hospital/Institution Address
- I do not wish to receive industry mail

(Choose **one**; default will be your Primary Email/Work Email)

- Home/Personal Email
- Work/Hospital/Institution Email
- I do not wish to receive industry email

Section Six - Payment Information

**You must remit the sum of selected membership type with this application, in the form of:
Personal Check, Money Order, Bank Draft, or Credit Card.**

(Note: IAHCSSM does not accept purchase orders of any kind).

- My check, money order or bank draft is enclosed, and made payable to: IAHCSSM
- My credit card is to be charged, and I have supplied ALL necessary information below:
 - Visa
 - MasterCard
 - American Express
 - Discover

Credit Card Account Number

Expiration

CVV2 Number (3-4 digit security code)

Printed Name of Card Holder

Signature of Card Holder

**Return applications with payment to: IAHCSSM, 213 West Institute Place, Suite 307, Chicago, IL 60610
Or Fax to: 312-440-9474 Attn: Membership**

I agree, if elected to membership, to be governed by the Constitution and Bylaws of the Association as long as I continue to be a member. I furthermore agree to promote the objectives and welfare of the Association in so far as it is my power.

Date: _____ Signature of Applicant: _____