

MEMBERSHIP APPLICATION

Revised October 2022



COMPLETING THE APPLICATION

Be sure to clearly print or type all information on the application. Illegible or cursive writing will lead to delays and may result in an inability to process your membership request.

Payment must be rendered, in full, at the time of the submission of your application. Applications received without payment **cannot** be processed and will be returned. If paying by credit card be sure to include the card holder's name and the card expiration date as indicated. The card holder does not have to be the same person as the applicant. All non-US payments must be made by either credit card or a money order made out in US funds. HSPA cannot accept cash or checks drawn on non-US currencies.

*Please note: all requests for refunds or cancelations must be made **within 7 days**.*

Once your application and payment have been received in our office, processing will take approximately 1-2 business days, and you will receive an email confirmation once complete.

Please note: Membership with HSPA is separate from Certification. If you hold a current certification with HSPA, you may add membership as well for a discounted rate of \$10. The total for membership with certification is \$60, annually.

Please complete each page and mail, fax, or email your completed application to:

Mail: **HSPA**
55 West Wacker Drive, Suite 501
Chicago, IL 60601

Fax: **312.440.9474**
Email: **mailbox@myhspa.org**

SECTION 1: APPLICANT INFORMATION

Please enter your first and last name as they appear on your primary government issued photo ID.

Mr. Mrs. Ms. Dr.

Applicant First Name: _____

Applicant Last Name(s): _____

Other Designations (RN, BSN, etc): _____

Personal Information

Home Address: _____ Apt/Floor/Unit: _____

City, State/Province, Zip/Postal Code: _____

Country (if outside the USA): _____

Personal Telephone: _____ Personal Email: _____

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SECTION 2: FACILITY INFORMATION

Organization Name: _____

Current Position Title: _____

Select one: Student Technician Supervisor Manager Director Other _____

Business City and State/Province: _____

Country (if outside the USA): _____

Business Telephone: _____ Business Email: _____

SECTION 3: MEMBERSHIP TYPE

Active Membership (12 months for \$50 USD)

Active members shall be those persons who are performing or managing the functions of decontamination, inspection, assembly, packaging, sterilization and sterile storage of medical instruments or devices in a healthcare facility.

Associate Membership (12 months for \$50 USD)

Associate members shall be those persons determined by virtue of their occupation to have an allied relationship with the Sterile Processing profession and related fields.

Membership periods begin the date of application approval and are active for one year. A \$50 renewal fee is then due annually in order to maintain membership. A dues statement will be sent two months prior to your renewal date as a reminder.

I agree, as a member of HSPA, 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.

Applicant's Signature: _____ Date: _____

SECTION 4: PROCESS MAGAZINE

Process magazine is a bi-monthly publication of HSPA, 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 your home address):

Mail to my home address as listed in Section One

To conserve paper, I prefer to read *PROCESS* online within the member portal at www.myhspa.org

SECTION 5: INSIGHTS E-NEWSLETTER

Insights is HSPA's bi-weekly e-newsletter. Sent to all Active and Associate Members, it is full of useful, timely, and easy-to-digest feature articles, expert advice, news briefs, informative web links, career advancement tips, and more. Please indicate how you would like to receive this portion of your membership (choose one; default will be your personal email):

Personal Email Work Email I do not wish to receive industry email

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SECTION 6: **PAYMENT INFORMATION**

The fee for HSPA Membership is \$50 USD. If you hold a current Certification with HSPA, this fee is discounted to \$10 USD. Payment must be submitted, along with this application, in the form of : Credit Card (US & Non-US), USD Money Order (US & Non-US), or Check (US only).

I am submitting a check or money order, by mail, made payable to: HSPA, 55 West Wacker Drive, Suite 501, Chicago, IL 60601

I am submitting the credit card information below and give permission for my card to be charged \$50 USD: Fax to: 312-440-9474 or Mail to: HSPA, 55 West Wacker Drive, Suite 501, Chicago, IL 60601

Cardholder Name: _____

Credit Card Number: _____

CVV (found on back of card): _____

Expiration Date: _____

Zip Code of Billing Address: _____

Signature (must be handwritten): _____