



Membership Application

SECTION ONE – Individual Information
Please note: Incomplete or illegible applications will be returned, clearly print or type all information

First Name: _____ Last Name(s): _____
 Street Address: _____ Apt/Floor/Lot/Unit: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
 Home or Cell Phone: (_____) _____ Home Email: _____

SECTION TWO – Facility Information

Facility Name: _____
 Facility Address: _____ Suite _____
 City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
 Current Position (circle one): Technician Supervisor Manager Other: _____
 Other Designations (RN, BSN, etc): _____
 Work Phone (with extension): (_____) _____ Work Email: _____

SECTION THREE – Membership Type
Please sign only ONE

Period of Membership: 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, 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.

Applicant's Signature: _____ Date: _____

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 Central Service Materiel Management profession and related fields.

SECTION FOUR – Process Magazine
Please check only ONE

Process magazine is a bi-monthly publication of IAHCSMM, 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.iahcsmm.org

Please continue on to complete Sections Five & Six on the 2nd page of this application.

SECTION FIVE – Central Source

Please check only ONE

Central Source is IAHCSSM's monthly 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 home email):

- Home Email Work Email I do not wish to receive industry email

SECTION SIX – Affinity Partners

Please check only ONE in each section

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. 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 home address):

- Home Address Work Address I do not wish to receive industry mail

Send industry email to (choose **one**; default will be your home email):

- Home Email Work Email I do not wish to receive industry email

SECTION SEVEN – Payment Information

Please note: IAHCSSM does not accept purchase orders of any kind

The fee for IAHCSSM Membership is \$50 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: IAHCSSM
Mail to: 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: 55 West Wacker Drive, Suite 501, Chicago, IL 60601

Credit Card Holder's Printed Name: _____

Credit Card Number: _____ Expiration: _____

(Month/Year)

Credit Card Holder's Signature: _____

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. IAHCSSM cannot accept cash or checks drawn on non-US currencies. Please note: all requests for refunds must be made **within 7** days of the receipt of your membership request.

Once your application and payment have been received in our office, processing will take approximately 1-2 business days. Please then allow 3-5 business days for your new membership card and information on IAHCSSM membership to be delivered by the United States Postal Service.

Please note: **One year of complimentary membership is granted upon passing IAHCSSM's tech certification exam, the CRCST.** So if you are planning to take the CRCST exam there is no need to purchase membership before testing.