



Maryland State Perfusion Society

Please mail your completed form with membership fee to:

MSPS
c/o Holly Tannehill
3449 Lindenwood Drive
Laurel, MD 20724

Your cancelled check is your receipt.

Membership Application
(Please print clearly)

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell or Fax: _____ E-mail: _____

User name: _____ Password: _____

Membership Classification:

___ Active Member (\$50) – Voting Privileges

___ Sustaining Member (\$25) – Voice; but no vote

___ Charter Member (2009) - \$30 locked-in rate

Present Employer/ Hospital _____

Interests for MSPS: ___ Licensure ___ CEUs ___ Other, please explain:

Other comments:



Maryland State Perfusion Society

Willingness-to-Serve Form

Mail to:

MSPS, c/o Holly Tannehill, 3449 Lindenwood Drive, Laurel, MD 20724

Name: _____

E-mail: _____

Phone: _____

Preferred Contact Method: ___ E-mail ___ Phone

Willing to Serve:

- Board of Directors: ___ President ___ Vice-President
___ Secretary ___ Treasurer ___ Board Member

- Licensure Committee: _____

- CEU Committee: ___ Organizing meeting ___ Presenter
___ Moderator ___ Registration Process ___ Other, please
specify: _____

- Serve in another capacity, please specify: _____
