



## 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 (\$30) – Voice; but no vote

\_\_\_ Charter Member (Joined in 2009, maintained membership) - \$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: \_\_\_\_\_  
\_\_\_\_\_