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NEW MEMBERSHIP APPLICATION

NAME:			
	Please include your cre	edentials with your name. Thank you	(<u>!</u>
ORGANIZATIO	ON:		
TITLE/POSITI	ON		
OFFICE:	et Address, City, Stat	te, Zip	
Phone	Fax	E-Mail Address	
	Cell and/or Hor	me Phone (if you would like to share)
NAME AND TI	TLE OF THE PERS	ON YOU REPORT TO:	
2. How long ha3. Are you a me4. If not a mem member? □5. What topics	ve you been in this po ember of NAMSS? ☐ ber of NAMSS, would /es ☐ No	d you like information on becomi future meetings of our West Virg	ng a

MEMBERSHIP DUES: \$35.00

Please make check payable to:

WVAMSS (West Virginia Association of Medical Staff Services)

**NOTE CHANGE IN TREASURER & MAILING ADDRESS

Mail to: Lynn Blackburn, WVAMSS Treasurer

115 Westland Estates Winfield, WV 25213

Membership Benefits:

- Free CEU's/Education
- Mentoring Program
- Membership E-mail Discussion/Help-Line

(You will automatically be added to the Website/Discussion/Help-Line unless you specifically ask to be taken off)

- Networking Among Colleagues
- ➤ Listing of Medical Staff Professionals in WV, including names, addresses, phone & fax numbers, and e-mail addresses