

**CALIFORNIA ASSOCIATION MEDICAL STAFF SERVICES
MID-VALLEY CHAPTER
MEMBERSHIP APPLICATION / RENEWAL
MEMBERSHIP YEAR: 2024**

New Member Renewal

MEMBER INFORMATION:

Last Name:		First Name:		Middle Name:
Position / Title:				
Hospital / Healthcare Organization Name:				
Complete Work Address / City / State / Zip Code:				
Work Phone #:		Work Fax #:		Work E-mail Address:
Complete Home Address / City / State / Zip: (Optional)				
Home Phone #:	Home Fax #:	Cell #:	Home E-mail Address:	
Communications to be emailed to: (Please check one) <input type="checkbox"/> Home <input type="checkbox"/> Work				

Certification - (Please check all applicable certifications):

CPMSM	CPCS	CPHQ	List Other(s)
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Other Membership(s):

State CAMSS	NAMSS	List Other(s)
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Volunteerism encouraged! I would be interested in:
 serving on the Board (a chance to give back)
 hosting a meeting (we'd love to visit your facility!)
 helping at a conference (it's a lot of fun!)
 speaking at a conference (we would enjoy learning from you)

Signature

Date

Chapter dues are **\$25.00**.

Please pay via credit card here:

<https://buy.stripe.com/3cs4gzgQz3ghdIS8wz>

Questions? email us!

Email completed form to: midvalleychapter@gmail.com

Membership benefits include:

- Networking opportunities
 - Includes networking/business meetings and addition to email listing for query/best practices, samples, etc.
- Free educational chapter meetings (up to 2 CEUs each meeting)
- Eligibility to apply for a scholarship/grants for continued education:
 - CAMSS 2-day annual educational conference (up to \$600 registration fee)
 - Up to \$500 grant to further MSP education