



CALIFORNIA ASSOCIATION MEDICAL STAFF SERVICES
MID-VALLEY CHAPTER
MEMBERSHIP APPLICATION / RENEWAL
MEMBERSHIP YEAR: 2025

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) |
|-------|------|------|---------------|

Other Membership(s):

| | | |
|-------------|-------|---------------|
| State CAMSS | NAMSS | List Other(s) |
|-------------|-------|---------------|

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/9AQ00j43N7wx2HeeV0>

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 CEs each meeting)
- Eligibility to apply for a scholarship/grants for continued education:
 - CAMSS 2-day annual educational conference (up to \$500 registration fee)
 - Up to \$500 grant to further MSP education