



THE CENTRAL SERVICE ASSOCIATION OF ONTARIO

MEMBERSHIP APPLICATION FORM

2012/2013

MEMBERSHIP EXPIRES MAY 31, 2013

MEMBERSHIP YEAR WILL BE JUNE 1 – MAY 31 OF THE FOLLOWING YEAR

Personal Information **(Please print clearly)**

Check here if you do not have an e-mail address

First Name: _____ Last Name: _____

Home Address: _____ City: _____ Prov. _____ Postal Code: _____

Home Phone: _____ E-Mail: _____

(Please fill out to receive our e-newsletter and for chapters to send you information regarding meetings/updates) **Please use e-mail that you check most frequently**

Professional Information **(Please print clearly)**

Check here if you do not have an e-mail address

Hospital/Facility: _____ Site: _____ Position: _____

(If multi-site Facility/Corporation please include site)

Work Address: _____ City: _____ Prov. _____ Postal Code: _____

Work Phone: _____ Work Fax: _____

E-Mail: _____

(Please fill out to receive our e-newsletter and for chapters to send you information regarding meetings/updates) **Please use e-mail that you check most frequently**

The Healthcare Facility you list will be the one used to determine the chapter you belong to.

Membership Type

Regular Member

Those occupationally or professionally involved in instrument/medical device reprocessing in a health-care setting. Choose one.

Technician \$30.00

Management \$40.00

Associate Member

Those not actively involved in instrument/medical device reprocessing in a health-care setting. E.g. - Director of Nursing, Purchasing Agent, Infection Control Officer, Manufacturer's Representative, other allied professions, and those members who have retired. Associate members may not vote or hold office.

Associate Member \$30.00

Chapter – Check One (Chapter is determined by your healthcare facility address)

- | | |
|--|---|
| <input type="checkbox"/> Delta | West to Woodstock, East to Guelph, South to Welland |
| <input type="checkbox"/> Eta | Toronto, West to Milton, East to Ajax, North to Barrie, South to Burlington |
| <input type="checkbox"/> Gamma | East of Ajax to the Quebec border, North to Ottawa, West to Lindsey |
| <input type="checkbox"/> Lambda | North of Sault Ste. Marie to Thunder Bay to the Manitoba Border |
| <input type="checkbox"/> Sigma | London, Sarnia, South to Windsor, West to Leamington |
| <input type="checkbox"/> Theta | Orillia, North to James Bay, West to Sault Ste. Marie, East to Lindsey |
| <input type="checkbox"/> Out of Province | Anywhere outside of Ontario |

Please see our website www.csao.net for Chapter information.

By signing below I warrant that the information I have provided on this form is correct.

Applicant's Signature: _____ Date: _____

Send this application form with the appropriate payment in the form of a cheque or money order to:

CSAO
Box 225
Timmins, Ontario P4N 7C9