



Minnesota Healthcare Central Service Members Association

New or Renewing Member Application

Please complete all applicable areas: Voting (regular) Member \$20 Vendor/Sponsor Member \$30

Full Name (last, first, middle initial)

Preferred "Nick" Name

Job Title

Department or Business Title

Facility Name

Business (hospital, surgery center, manufacturer, etc.)

Address

City, State & Zip Code

E-Mail Address

Telephone Number

Facsimile Number

Are you an IAHCSSM Member? Yes No

Department/Service Information:

Department Reports to Whom?

Number of FTEs?

Number of Staff Persons

Please check (3) or write in as applicable, those services provided:

- Woven Textiles
Medical Instrumentation
Surgical Instrumentation
Patient Medical Equipment Asset Tracking
Patient Medical Equipment
Surgical Case Cart

- Obstetric Case Cart
Inventory Management
Flexible Endoscopes
Other:
Other:
Other:

High Level Disinfection and Sterilization Methods:

- Ethylene Oxide
Gas Plasma
Automated Endoscope (Steris, Medicator, ASP)
Pasteurizer

- Liquid Chemical Solution
Other:
Other:
Other:

Most significant challenges/issues you face:

- Three empty checkboxes for listing challenges/issues

Application & Payment Information:

Enclose a bank check or money order in the amount shown above with your complete form to:

Ginger Bullock
North Memorial Medical Center
3300 Oakdale Ave No.
Robbinsdale, MN 55422
763-520-1809

