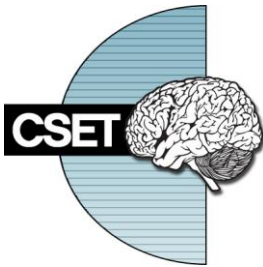


# 2009 CSET Membership Application



## Central Society of Electroneurodiagnostic Technologists

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Correspondence preference:  Home  Work

Membership fees/subsequent dues are \$25.00 (\$15.00 student) per calendar year. Please make your check payable to CSET and mail to the CSET Membership Chair:

**Michelle McHugh  
CSET Membership Chairperson  
139 Randall Street  
Waukesha, WI 53188**

For questions, the membership chair can be contacted at [MMcHugh@chw.org](mailto:MMcHugh@chw.org).

For office use only:

Member since: \_\_\_\_\_

2009 \_\_\_\_\_ 2010 \_\_\_\_\_ 2011 \_\_\_\_\_ 2012 \_\_\_\_\_ 2013 \_\_\_\_\_ 2014 \_\_\_\_\_ 2015 \_\_\_\_\_

2016 \_\_\_\_\_ 2017 \_\_\_\_\_ 2018 \_\_\_\_\_ 2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_