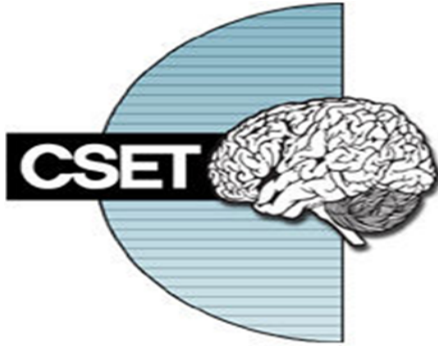


2018 CSET Membership Application



Central Society of
Electroneurodiagnostic
Technologists
www.csetonline.org

Date: _____

Last Name: _____

First Name: _____

Credentials: R.EEG T. R.EP T. CLTM CNIM CAP R.PSG T.
 Other, Please specify _____

Home Address: _____

Work Address: _____

Phone Number: (____) _____ - _____ Ext: _____ Work Home

Fax: (____) _____ - _____ E-mail: _____

Correspondence preference: Home Work

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

**Shawn Carter-Brown
CSET Membership
M315 Birch St.
Marshfield, WI 54449**

Please direct questions to the treasurer at: brownie1973@charter.net

For office use only:	Member since: _____
2016 _____ 2017 _____ 2018 _____ 2019 _____ 2020 _____ 2021 _____ 2022 _____	
2023 _____ 2024 _____ 2025 _____ 2026 _____ 2027 _____ 2028 _____ 2029 _____	