



ORANGE COUNTY BIOMEDICAL EQUIPMENT TECHNICIANS SOCIETY



Membership Application/Renewal

Membership dues check should be made payable to:
Conquest Imaging

Date: _____ New Member Renewal

Membership Type	
<input type="checkbox"/> General Membership \$36 per year	<input type="checkbox"/> Corporate Membership \$150 per year

Applicant / Member	
Name:	
Job Title:	
Employer / School:	
Contact Information	
Location:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> School
Hospital / Company:	
Department / Mail Stop:	
Address:	
City, State, Zip:	
E-Mail Address:	
Phone #:	Fax #:
Alternate Contact Information	
Location:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> School
Hospital / Company:	
Department / Mail Stop:	
Address:	
City, State, Zip:	
E-Mail Address:	
Phone #:	Fax #:

FOR MEMBERSHIP COMMITTEE ONLY		
Date Application Received:	Check Received:	By:

Please mail or fax your completed application to:

*Conquest Imaging
Attn: Cindy Schaffner
3728 Imperial Way #B
Stockton, CA 95215*

Conquest Imaging Fax #: (209) 942-2572

For more information about the application process, please call or e-mail Cindy Schaffner at:	(209) 942-2654 cschaffner@conquestimaging.com
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