



**Minnesota Perfusion Society**  
**618 14<sup>th</sup> Ave SW**  
**Rochester, MN. 55902**

## Minnesota Perfusionist 2011 Minnesota Perfusion Society Membership Form

Name \_\_\_\_\_  
( please print your name here)

Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Perfusion Group \_\_\_\_\_

Please print, complete form and return to business address above

or email this information to [neal.james@mayo.edu](mailto:neal.james@mayo.edu) to request your membership