

Membership Application

Name: _____

Title or Position: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Are you currently a member of ASHE? Yes No

Were you referred by a current SICHE member? Yes No

If yes to above, please give name of SICHE member: _____

Primary Area of Responsibility (check one):

- | | |
|------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Facilities Management | <input type="checkbox"/> Clinical Engineering |
| <input type="checkbox"/> Design & Construction | <input type="checkbox"/> Safety Management |
| | <input type="checkbox"/> Other: _____ |

Please check the membership you are applying for:

<u>Healthcare Membership:</u> (Annual dues, \$30.00)	Eligible individuals shall be full-time employees of a healthcare facility in one of the above listed areas. Any person with administrative responsibility shall be eligible for membership.
<u>Associate Membership:</u> (Annual dues, \$55.00)	Eligible individuals or organizations are those that provide services or products used in the healthcare engineering field.
<u>Honorary Membership:</u>	Eligible individuals or organizations are those that provide exemplary guidance and support to healthcare facilities/individuals. Those honorary members are selected by majority vote of SICHE regular and associate members.

Website Link

A link to your company website through *siche-online.org* is available for an annual fee of \$25.00. If you would like this service, enter the website address below and add \$25 to your dues cost. (Healthcare members may request a link their organization free of charge by listing the website address below.)

Newsletter Advertisement

If you may be interested in advertising the quarterly SICHE Newsletter, select this box and you will receive detail information and submittal form.

Signed: _____ Date: _____

Return with appropriate payment:
SICHE
P.O. Box 192
Carbondale, IL 62903

