

# HEALTHCARE ENGINEERING

*an affiliate of American Society for Healthcare Engineering and Illinois Hospital & HealthSystems Association*

## 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

### Primary Area of Responsibility (check one):

\_\_\_\_\_ Facilities Management \_\_\_\_\_ Safety Management  
 \_\_\_\_\_ Design & Construction \_\_\_\_\_ Other:  
 \_\_\_\_\_ Clinical Engineering \_\_\_\_\_

### Please circle the membership you are applying for:

**Regular Membership:** (Annual dues, \$25.00) 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.

**Associate Membership:** (Annual dues, \$50.00) Eligible individuals or organizations are those that provide services or products used in the healthcare engineering field.

**Honorary Membership:** 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.

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

Return with appropriate dues or free membership certificate to:

SICHE  
P.O. Box 192  
Carbondale, IL 62903

