



FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

MEMBERSHIP APPLICATION

Please Print or Type:

DATE _____

NAME _____ CREDENTIALS/CERT. _____

TITLE _____

HEALTHCARE FACILITY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE TELEPHONE _____ FAX _____

HOME TELEPHONE _____ E-MAIL _____

SPOUSE NAME _____

HOW LONG IN PRESENT POSITION _____

EDUCATIONAL BACKGROUND _____

PREVIOUS EMPLOYMENT _____

ASHE MEMBER? YES NO

IF YES, FOR HOW LONG?

less than 1 year One year

Two years Three or more years

Do you serve on any ASHE committee?

YES NO

Did you attend the ASHE PDC or

Annual meeting in 2015 and/or

2016?

By checking this box and signing this application I acknowledge that I have familiarized myself with the FHEA Bylaws, including Article IV, Membership, which addresses meeting attendance.

SIGNATURE OF APPLICANT _____ DATE _____

ADMINISTRATOR'S NAME AND TITLE _____

Please remit \$40.00 (annual membership dues of \$30.00 plus one-time application fee of \$10.00) to:

FLORIDA HEALTHCARE ENGINEERING ASSOCIATION
P.O. BOX 150755
ALTAMONTE SPRINGS, FLORIDA 32715-0755

(BYLAWS: Membership: Full membership in this association shall be available to those individuals who are actively employed in a Florida healthcare related facility or system (that provides patient care) and who have supervisory, management or administrative responsibilities for healthcare facility operations. Full members may vote and hold office in the association. Associate membership in this association shall be available to those individuals who are actively employed in a Florida healthcare related facility or system (that provides patient care) and who hold positions in departments that relate to healthcare facilities operations such as but not limited to plant operations, plant engineering, design/construction, security, safety, clinical engineering or telecommunications. Associate members may vote but may not hold office in the association.