



FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

MEMBERSHIP APPLICATION

Please Print or Type:

DATE _____

NAME _____

TITLE _____

HOSPITAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE TELEPHONE _____ FAX _____

HOME TELEPHONE _____ E-MAIL _____

SPOUSE NAME _____

HOW LONG IN PRESENT POSITION _____

EDUCATIONAL BACKGROUND _____

PREVIOUS EMPLOYMENT _____

ASHE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, FOR HOW LONG?
<input type="checkbox"/> less than 1 year <input type="checkbox"/> One year
<input type="checkbox"/> Two years <input type="checkbox"/> Three or more years
Do you serve on any ASHE committee?
<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you attend the ASHE PDC or Annual meeting in <input type="checkbox"/> 2010 and/or <input type="checkbox"/> 2011?

SIGNATURE OF APPLICANT _____ DATE _____

ADMINISTRATOR'S NAME AND TITLE _____

Please remit annual membership dues (\$30.00) and one-time application fee (\$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.