



# FLORIDA HEALTHCARE ENGINEERING ASSOCIATION SUPPORTING MEMBERSHIP

Please indicate:

**NEW MEMBERSHIP**

**RENEWING MEMBERSHIP**

Please print or type

INDIVIDUAL'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PRODUCTS AND/OR SERVICES (For directory listing - ten words or fewer) *Please use same description as last year.*

COMPANY WEBSITE \_\_\_\_\_

### WHAT'S YOUR 'YELLOW PAGES' LISTING CATEGORY?

Currently our directory is an alphabetical listing of members; we'd also like to organize members by a "YELLOW PAGES" type listing to aid our members in finding you by **what you do**. Please categorize your business/trade/service— i.e., if a facility director wished to find you in a "Yellow Pages" for healthcare facilities, where would they look for you? (For example: **Construction/Design; MEP; Fire/Security; Medical Equipment; Supplies; Building Environment** and so on. This may be the same as your description above if you keep it very short and general.)

**LISTING CATEGORY:** \_\_\_\_\_

**(Article IV, Section 3, FHEA Bylaws)** Supporting membership in this association shall be available to those individuals who represent firms which provide products and/or services to Florida healthcare facilities, i.e., representatives of manufacturers, vendors, contractors, distributors, registered architects, professional engineers and consultants.

**ASHE MEMBERSHIP:** Are you, or anyone in your company, a member of ASHE, the national association of which FHEA is an affiliated chapter?  Yes, I am currently.  I plan to join this year.

Other individual(s) in my company are ASHE members (please include name(s) and contact info): \_\_\_\_\_

**ANNUAL DUES: \$50.00**

Membership benefits include:

- Subscription to quarterly FHEA newsletter, "The Whistle."
- Full listing in *FHEA Directory of Supporting Members* (published yearly in November).
- Priority given for booth selection in FHEA Annual Trade Show.
- Supporting members will receive mailings and announcements concerning District meetings and programs. Please indicate the District(s) for which you would like to participate.

District I (Northwest Florida)  District III (Central Florida)  All Districts

District II (Northeast Florida)  District IV (South Florida)

**PLEASE MAKE CHECK PAYABLE TO AND MAIL TO:**

FLORIDA HEALTHCARE ENGINEERING ASSOCIATION  
P.O. Box 150755  
Altamonte Springs, FL 32715-0755