



2009 MEMBERSHIP APPLICATION

INSTRUCTIONS: Save PDF membership form to your computer. Tab between fields to enter your information. Save the file and print a copy of the form. *Sign the application and mail it with membership dues to Central Arizona Society for Healthcare Engineering, P. O. Box 15816, Phoenix, AZ 85060. Please make check for membership dues payable to "CASHE."*

Applicant Name: _____

Home Address: _____

City/State: _____ **Zip:** _____

Home Phone: _____

Employer: _____

Position/Title: _____

Business Address: _____

City/State: _____ **Zip:** _____

Business Phone: _____ **Fax:** _____

E-Mail Address: _____

Choose Your Membership Category			
Check One	Category	Description	Annual Dues
<input type="checkbox"/>	Facility Member	Individuals whose principal employment is directly related to hospital engineering or a related discipline in a healthcare facility or healthcare system.	\$50
<input type="checkbox"/>	Affiliate Member	Individuals who provide consulting or advisory services to healthcare facilities such as architects, engineers, consultants, inspectors of record, construction managers and employees of governmental agencies; or individuals who provide a product or equipment to healthcare facilities such as distributors and manufacturers or representatives thereof.	\$100
<input type="checkbox"/>	Student Member	Individuals whose educational pursuits are directly related to hospital engineering or a related discipline.	Waived

I am currently a National ASHE Member:

I am interested in working with the following committees:

Education

Communication/Membership

Advocacy

Sponsorship

Signature of Applicant: _____ **Date:** _____