



# FLORIDA HEALTHCARE ENGINEERING ASSOCIATION SUPPORTING MEMBERSHIP\* APPLICATION

Please print or type

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

TITLE \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

## FHEA Membership

You must be a member to attend any of FHEA's four districts' meetings.

\* 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. (Article IV, Section 3, FHEA Bylaws)

## SUPPORTING MEMBERSHIP \$50 / YEAR

For online and directory listings:

**PRODUCTS AND/OR SERVICES** (ten words or fewer)

(Example: Florida's oldest maker of widgets.)

### 'YELLOW PAGES' LISTING CATEGORY

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.)

### 'YELLOW PAGES' LISTING: \_\_\_\_\_

**ASHE MEMBERSHIP:** Are you a member of ASHE, the national association of which FHEA is an affiliated chapter?

Yes, I am currently.  I plan to join this year. Visit [www.ashe.org](http://www.ashe.org) to see if membership would benefit you.

Membership is \$50/year. Membership period is the calendar year; regardless of when you join, you will receive a membership renewal request in December.

Contributions or gifts to the Florida Healthcare Engineering Association are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as ordinary and necessary business expenses.

### Membership benefits include:

- Subscription to quarterly FHEA newsletter, "The Whistle."
- Full listing in *FHEA Directory of Supporting Members* (published yearly in November).
- Priority given to new members 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) in which you would like to participate.

- District I (Panhandle)  District II (NE Florida)  
 District III (Central Florida)  District IV (South Florida)  All Districts

By checking this box and submitting/signing this application I acknowledge I have familiarized myself with the FHEA Bylaws, in particular Section IV, Membership. Bylaws are posted on the FHEA website [www.fhea.org](http://www.fhea.org).

SIGNATURE/ELECTRONIC SIGNATURE \_\_\_\_\_

**PLEASE RETURN FORM WITH  
\$50 CHECK MADE PAYABLE TO:**

FLORIDA HEALTHCARE ENGINEERING ASSOCIATION  
11812 N. 56th Street, Tampa, FL 33617