

FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

MEMBERSHIP APPLICATION

Please complete fully (print or type):

| r rease complete rany (print or type). | Date |
|--|--|
| Name | Credentials/Cert. |
| Title | |
| Healthcare Facility | |
| Mailing Address | |
| City | State Zip |
| Office Phone | FAX |
| Home Phone E-Mail | |
| Spouse Name How long in present position | answer the following questions which help us gain |
| Educational background | Are you a current member of ASHE? Yes No If yes, how long? Less than 1 year One year |
| Previous employment | Do you serve on any ASHE committees? Yes No |
| 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. | Did you attend the ASHE PDC or Annual meeting in 2017 and/or 2018? |
| 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 11812 N. 56TH STREET TAMPA, FL 33617

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.