

FLORIDA HEALTHCARE ENGINEERING ASSOCIATION SUPPORTING MEMBERSHIP*

2020 RENEWAL FORM

Two ways to renew: 1. Send check with this completed form OR 2. Renew Online with credit card: FHEA.org

Please print or type NDIVIDUAL'S NAME			FHEA Membership You must be a member to attend any of FHEA's four districts' meetings.
COMPANY NAME			shall be available to those individuals who represent firms which provide products
ADDRESS			and/or services to Florida healthcare facilities, i.e., representatives of
			manufacturers, vendors, contractors, distributors, registered architects,
CITY	_ STATE	ZIP	professional engineers, and consultants.
TELEPHONE	FAX		
E-MAIL ADDRESS	CELL#		SUPPORTING MEMBERSHIP \$50 / YEAR
Company description for online & directory li	istinas ———		
sompany description for online & directory in			
1. PRODUCTS AND/OR SERVICES (ten words or fewer	() Use same I	isting as last year ——	_
•			
2. 'YELLOW PAGES' LISTING CATEGORY	Use same list	ting as last year	
Categorize your business/trade/service— i.e., if a facility director			
(For example: Construction/Design; MEP; Fire/Security; Medical Edabove if you keep it very short and general.)	quipment; Supplies; Bu	ilding Environment and so or	This may be the same as your description
,			
ASHE MEMBERSHIP: Are you a member of ASH			·
Yes, I am currently. I plan to join this year.	Visit www.ashe.org	g to see if membership wo	ould benefit you.
Renew by January 31, 202	0 to contin	ue to receive i	meeting notices
*** and to be eligib			
Membership renewal is \$50. Membership		•	
a membership renewal request in December.	stormp portion to the co	norman your, rogardiooc or	which you join or renow, you will receive
Membership benefits include:			
Subscription to quarterly FHEA newsletter, "The Subscription of TUE A Continue Comparation Manufactures and Comparation Manufac			
 Full listing in FHEA On-Line Supporting Members Priority given to members for booth selection in 		Show and FHFA Spring Me	eeting & Tableton Show
Supporting members will receive mailings and District meetings.			
Please indicate the District(s) in which you would li	ike to attend meetings	3:	
District I (Panhandle) District II (NE Florida)		
District III (Central Florida) District	,	la) All Districts	
DI EASE PETIJON EODM WITH \$50 CHECK MADE DAY	VARI E TO:	FLORIDA HEALTHCA	ARE ENGINEERING ASSOCIATION

11812 N. 56th Street Tampa, FL 33617