

FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

MEMBERSHIP APPLICATION

Please complete fully (print or type):

Please complete fully (print or type).	Date
Name	Credentials/Cert.
Title	
Healthcare Facility	
Mailing Address	
City	State Zip
Office Phone	FAX
Cell Number E-Mail	
Spouse Name	FHEA is a state chapter affiliated with ASHE. Please
How long in present position	answer the following questions which help us gain benefits from ASHE.
Educational background	Are you a current member of ASHE? Yes No If yes, how long? Less than 1 year One year
Previous employment	Two years Three or more years
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.	Yes No Did you attend the ASHE PD or Annual meeting in 2018 and/or 2019?
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.