



Membership Application

Join by fax: 312-422-3609 - Join by phone: 312-422-3800

Join by mail: P.O. Box 75315, Chicago, IL 60675-5315

To make sure your membership is processed correctly, please complete the information on this form and return it along with your payment.

Contact Information

First Name Middle Initial Last Name

Suffix Certifications/Designations

Work

Title

Organization

Address

City State Zip/Postal Code

Phone E-mail

Home

Address

City State Zip/Postal Code

E-mail

Please indicate your primary address Work Home

Please select the appropriate membership category (ASHE reserves the right to place you in the correct membership category and bill you for the remaining dues amount.)

PAM (\$150) ASC (\$200) RET (\$25) STU/ED (\$25)

Annual dues in the amount of \$ _____ are to be applied

Payment (Remittance of dues must accompany this application)

Check/Money Order: Mail payments to: ASHE/AHA, P.O. Box 75315, Chicago, Illinois 60675-5315

Charge: Visa MasterCard American Express

Credit card number Expiration date

Name of card holder

Signature

I hereby apply for membership in the American Society for Healthcare Engineering (ASHE) and agree to pay the current applicable dues. I understand the American Hospital Association (AHA) may deposit the enclosed dues remittance pending the approval of this application, and, in the event the application is not approved, AHA will promptly refund my dues.

Signature

Date

Membership Categories and Fees

\$150 – Professional Active Member (PAM)

Professional Active membership in the Society shall be available to those individuals who are: (a) actively employed in or by health care related facilities or system (those that provide patient care), and who have responsibility in health care facility operations (e.g., facility management, plant engineering, design/construction, security, safety, clinical engineering, and telecommunications); or (b) are currently a Certified Healthcare Facility Manager (CHFM).

\$200 - Associate Member (ASC)

Associate membership in the Society shall be available to those individuals or representatives that provide professional, technical, and consulting services or sell products or services to Professional Active Members but whose employers are not health care providers (providing patient care). Qualifying members include planners, consultants, architects, interior designers, consulting engineers, manufacturers, vendors, sellers of contracted services, and federal, state, and local health care facilities inspectors.

\$25 - Retired Member (RET)

Retired membership shall be available to Professional Active Members who have fully retired and still desire to belong to the Society.

\$25 - Educator/Student Member (STU/ED)

Educator/Student membership in the Society shall be available to full-time educators teaching or (non-working) college students taking course work related to any discipline represented by the Society.

Terms and Disclosures

Membership dues are effective one year from the date the membership application is accepted and processed.

Membership eligibility is subject to the provisions of the American Society for Healthcare Engineering bylaws.

Applicants may be admitted to membership at any time during the year upon paying annual dues. Under cycle billing procedures, dues will be billed again 12 months later, not on a calendar basis.

An applicant may join directly online using the secure form or may complete the registration form and send it with their form of payment by regular mail or fax.

Members may cancel their membership at any time, but dues will not be refunded nor is membership transferable.

Payments made to ASHE are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

For more information call 312-422-3800 or send an e-mail to ashe@aha.org.

11/2015