



Chesapeake Area Society of Healthcare Engineering

Healthcare Membership Application

Date of application: _____

I hereby make application for **healthcare membership** in the Chesapeake Area Society of Healthcare Engineering (CASHE) and submit the following information for consideration by the Board of Directors. I also acknowledge that this membership is personal and not corporate, thus cannot be transferred to another person.

Information (please print)

Name: _____

Job title: _____

Facility: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Cell phone (optional) _____

Current CASHE member sponsor name: _____

Signature: _____

Application fees

	<u>Application fee</u>
Healthcare Member (Employed as a facilities staff member of a healthcare facility)	\$150

Healthcare Applicant: Are you joining with a new Associate Member?

If so, please provide a name of the Associate Member applicant: _____

Effective June 1, 2012, new Associate Member applicants are required to join with a new Healthcare Member applicant, so you may have been contacted about joining.

Please forward this application along with your application fee through your sponsor to any CASHE Board Member for approval at the next scheduled Board Meeting. Processing may take up to 45 days and you will receive a confirmation when you are approved.

Please make checks payable to: **CASHE**

Annual Dues Renewal Fee Required*

Healthcare Member \$75 per year

* You will be billed prior to the start of each calendar year.