



Associate Membership Application

Date of application: _____

I hereby make application for **associate 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: _____

Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Cell phone (optional) _____

Current CASHE member sponsor name: _____

Type of Business or Trade: _____

Signature: _____

Application fees

Associate Member

(Vendor, Architect, Engineer, Service or Contractor Employee)

Application fee

\$200

STOP AND READ!

Associate Applicant: Effective June 1, 2012, new Associate Member applicants are required to join with a new Healthcare Member applicant. *(This is different from your sponsor above). You are not required to pay the partner Healthcare Members application fee, but they are required to apply separately.*

Name of your partner Healthcare Member applicant: _____

NEW: Effective June 1, 2017, new Associate Member applicants are required to join and maintain throughout their membership, the American Society for Healthcare Engineering (ASHE) – www.ashe.org

ASE Membership Number: (Required): _____

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.

Annual Dues Renewal Fee Required*

Associate Member \$100 per year
 * You will be billed prior to the start of each calendar year.

Please make checks payable to: **CASHE**