

Healthcare Membership Application

| Date of applicat | ion: | | |
|---|--|---------------------|-----------------|
| 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 pr | <u>rint)</u> | | |
| Name: | | | |
| | | | |
| Facility: | | | |
| | | | |
| | Sta | | |
| Telephone: | Fa | ax: | |
| E-mail: | | | |
| Cell phone (optional) | | | |
| Current CASHE men | nber sponsor name: | | |
| Signature: | | | |
| Application fees | | | Application fee |
| Healthcare Member | (Employed as a facilities staff member of a He | ealthcare facility) | \$150 |
| STOP AND READ! | | | |
| Associate 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. If you are joining with a new member, please provide a name of the Associate Member applicant: | | | |
| NEW: Effective June 1, 2017 new Healthcare member applicants are required to join and maintain throughout their membership, the American Society for Healthcare Engineering (ASHE) – www.ashe.org . CASHE MD will make application and pay on behalf of new members for the first year of membership. | | | |
| ASHE Membership Number: (If already a member): | | | |
| | | | |

Please make checks payable to: CASHE

approved.

Please forward this application along with your application fee

45 days and you will receive a confirmation when you are

through your sponsor to any CASHE Board Member for approval at the next scheduled Board Meeting. Processing may take up to

Revised: 3/15/2017

Annual Dues Renewal Fee Required*

Associate Member\$75 per year

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