



**HEALTHCARE Membership Application**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City,State,Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently a member of ASHE?                      Yes                      No

**Primary Area of Responsibility (check one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Facilities Management | <input type="checkbox"/> Clinical Engineering |
| <input type="checkbox"/> Design & Construction | <input type="checkbox"/> Safety Management    |
|  | <input type="checkbox"/> Other: _____         |

<b><i>For</i></b>	<b><i>Amount</i></b>
<b>Annual HEALTHCARE Membership Dues:</b> Employee of a healthcare facility involved in any of the above areas of responsibilities.	\$ 30.00
<b>Healthcare Member Website Link:</b> Free link to your healthcare facility website on <i>siche-online.org</i> . Enter your website address here: _____	FREE
<b>Total Due</b>	<b>\$30.00</b>

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Submit form with dues payment to:

SICHE  
 P.O. Box 192  
 Carbondale, IL 62903

*Revised 1/9/14*