



HONORARY Membership Application

Name: _____
Address: _____
City,State,Zip: _____
Phone: _____ **Email:** _____
Are you currently a member of ASHE? **Yes** **No**

Eligible individuals shall be those who have fulfilled the requirements for healthcare membership or individuals representing government or accrediting agencies who provide inspection or consulting services to healthcare facilities and have since retired or become inactive in the field. Honorary members may serve on committees. Honorary members may not hold office.

Describe former field/services provided:

Signed: _____ **Date:** _____

Submit form to:

**SICHE
P.O. Box 192
Carbondale, IL 62903**

Revised 4/15/15