



# FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

## MEMBERSHIP APPLICATION

Please complete fully (print or type):

Date \_\_\_\_\_

Name \_\_\_\_\_ Credentials/Cert. \_\_\_\_\_

Title \_\_\_\_\_

Healthcare Facility \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ FAX \_\_\_\_\_

Cell Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Spouse Name \_\_\_\_\_

How long in present position \_\_\_\_\_

Educational background \_\_\_\_\_

\_\_\_\_\_

Previous employment \_\_\_\_\_

\_\_\_\_\_

FHEA is a state chapter affiliated with ASHE.  
Please answer the following questions which help us gain benefits from ASHE.

Are you a current member of ASHE?

Yes                      No                      If yes, how long?

Less than 1 year                      One year

Two years                      Three or more years

Do you serve on any ASHE committees?

Yes                      No

\*Referred by \_\_\_\_\_ Facility \_\_\_\_\_

**BYLAWS:** Membership: Full membership in this association shall be available to those individuals who are actively employed in a Florida healthcare related facility or system (that provides patient care) and who have supervisory, management or administrative responsibilities for healthcare facility operations. Full members may vote and hold office in the association. Associate membership in this association shall be available to those individuals who are actively employed in a Florida healthcare related facility or system (that provides patient care) and who hold positions in departments that relate to healthcare facilities operations such as but not limited to plant operations, plant engineering, design/construction, security, safety, clinical engineering or telecommunications. Associate members may vote but may not hold office in the association.

By checking this box and signing this application, I acknowledge that I have familiarized myself with the FHEA Bylaws, including Article IV, Membership, which addresses meeting attendance.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Name and Title \_\_\_\_\_

Please remit \$40.00 (annual membership dues of \$30.00 plus one-time application fee of \$10.00) to:

**FLORIDA HEALTHCARE ENGINEERING ASSOCIATION**  
**11812 N. 56TH STREET**  
**TAMPA, FL 33617**