



Chesapeake Area Society of Healthcare Engineering

Membership Application

Date of application _____

I hereby make application for 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) _____

CASHE member sponsor name _____

Signature _____

Application fees (check one)

Healthcare Member (Employed as a facilities staff member of a healthcare facility)

Application fee \$150

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

Application fee..... \$200

Please forward this application along with your application fee through your sponsor to a CASHE Board Member for approval.

Please make checks payable to; CASHE

Annual dues renewal fee required;

Healthcare Member \$75 per year

Associate Member\$100 per year