



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 any CASHE Board Member for approval at the next scheduled Board Meeting. Processing may take up to 45 days and you will receive a confirmation when you are approved.

Please make checks payable to; CASHE

Annual dues renewal fee required;

Healthcare Member \$75 per year

Associate Member\$100 per year