



Oregon Society for Healthcare Engineering

Tax ID #35-2509780

Application for New & Renewed Membership

Date: _____

Name: _____

Title or Position: _____

Organization: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Mailing address (if different from above):

Address: _____

City _____ State: _____ Zip: _____

Areas of Responsibility (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Safety | <input type="checkbox"/> Clinical Engineering Technology |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Environmental Services | |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Consultant (architect, engineer) | |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Vendor | <input type="checkbox"/> Service Company |
| <input type="checkbox"/> Other (indicate) _____ | | |

Annual dues are: Professional \$50 (employed by healthcare organization)
 Associate \$100 (vendors, consultants, service companies, who serve healthcare engineering)

Are you a member of ASHE? Yes _____ No _____

Make check payable to: **OSHE**

Mail application and check to: OSHE
5727 Baker Way, NW Suite 200
Gig Harbor, WA 98332