

WSSHE Membership Application

Join WSSHE Today!

Take advantage of all that WSSHE offers.



Yes! I want an annual membership

Name: _____

Title: _____

Facility: _____

Address: _____

County: _____

Phone/Fax: _____

E-mail: _____

Membership dues: Full Member - \$25 or Associate Member - \$50

ASHE Membership: ___ Yes, Professional ___ Yes, Associate ___ Not an ASHE Member

Member:

Full membership in the Society shall be available to those individuals who are actively employed in or by healthcare related facilities (those that provide patient care), and who have responsibility in healthcare facility operations (e.g. facilities management, plant engineering, design/construction, security, safety, clinical engineering, contracted facility director, and telecommunications). Full members may vote, serve on committees and hold office.

Associate Member:

Associate membership in the Society shall be available to those individuals or representatives that provide professional, technical and consulting services or sell products or services to Full Members, but whose employers are not healthcare providers (providing patient care). Qualifying members include planners, consultants, architects, interior designers, consulting engineers, manufacturers, vendors, sellers of contracted services, and federal, state and local healthcare facilities inspectors. Associate members may vote, serve on committees, but may not hold office.

Payment Options:

___ Check enclosed for payment in full payable to: "WSSHE"

___ Send invoice to above name and address.

___ Bill my Visa/MasterCard # _____ Expiration: _____

Name as it appears on card _____ CV2#: _____

Signature(s): _____ Date: _____

SEND COMPLETED APPLICATION WITH PAYMENT VIA:

E-mail: aminc2@comcast.net

Mail To: WSSHE

Fax: 253-265-3043

Attn: Katie Bohocky

P.O. Box 6906 Tacoma, WA 98417

Please make certain that your email address is listed. Emails are the FASTEST, MOST COST EFFECTIVE AND ENVIRONMENTALLY FRIENDLY means of communication with our members.