



The WSSHE State Board of Directors on behalf of all the members cordially invites you to renew your membership with the Washington State Society for Healthcare Engineering.

By accepting this invitation, you join a select group of healthcare engineering leaders in a common cause: to produce the highly skilled engineering professionals Washington State needs.

WSSHE membership gives you the opportunity to meet, influence and be influenced by these experienced healthcare engineering professionals. It makes available to you training materials, in-services, presentations on various topics in healthcare engineering for yourself and your staff.

Your knowledge of the healthcare engineering profession is highly valued by WSSHE. We would be very pleased if you would join us in our efforts to further increase the professionalism of the healthcare engineering field.

RENEWAL APPLICATION

Name: _____

Title: _____

Facility: _____

Address: _____

County: _____

Phone/Fax: _____

Email: _____

Signature: _____

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

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

SEND COMPLETED APPLICATION WITH PAYMENT TO:

**WSSHE
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.