



# Wisconsin Healthcare Engineering Association MEMBERSHIP APPLICATION

**Please Note:** MEMBERSHIPS in WHEA are personal professional memberships. They are not transferable and are not assignable to other employees, colleagues or associates of a MEMBER's facility or organization.

**Applicants:** Please fill in all appropriate blanks and PRINT CLEARLY. Information that you provide to us in this application will be used to generate your online roster data, so the website coordinators must have accurate, complete information. Future changes concerning your demographic information should be communicated immediately to the secretary of your respective chapter(s) in order to ensure that lines of communication between you and the (WHEA) organization will remain open. For further assistance regarding processing of this application and personal contact with a Member Services representative, visit our website at [www.whea.com](http://www.whea.com), or contact the WHEA Administrative Assistant at 920-779-9167.

New Member     Change Status / Transfer from \_\_\_\_\_ to \_\_\_\_\_ for Chapter \_\_\_\_\_

Name (First, M.I., Last) \_\_\_\_\_ Suffix (BS, MBA, PE, PhD, MD, CHFM, FASHE, etc.) \_\_\_\_\_

Position or Title \_\_\_\_\_ Email \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you an ASHE Member? \_\_\_\_\_ Year Joined \_\_\_\_\_

Name of Sponsoring Member \_\_\_\_\_ Date \_\_\_\_\_

Sponsors Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Type of Employing Organization** (Check more than one if applicable)

Hospital     Clinics     Nursing Home     Healthcare System     Other (Specify) \_\_\_\_\_

**Primary Area of Responsibility** (Check more than one if applicable)

Plant/Operations     Housekeeping     Safety Committee     Laundry/Linens     Biomedical     Telecommunications  
 Security     Facility Maintenance     Sales and Service     Construction     Other \_\_\_\_\_

**Affiliations - Other Professional Affiliations** (Check those organizations you currently hold memberships in and indicate year joined)

NFPA \_\_\_\_\_     AAMI \_\_\_\_\_     SBET \_\_\_\_\_     ASHES \_\_\_\_\_     IMI \_\_\_\_\_  
 ASHE \_\_\_\_\_     AIPE \_\_\_\_\_     WSHES \_\_\_\_\_     IAHS \_\_\_\_\_     OTHER \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE.** (For Chapter use only)

Change of status    Membership Level:     Full     Associate  
 Transfer     Life     Honorary  
 Chapter     Retired

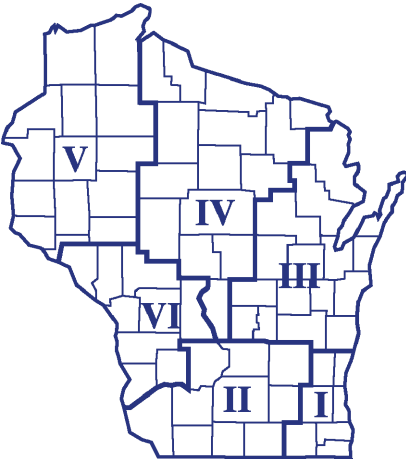
Application reviewed by \_\_\_\_\_

Approved     Disapproved    Reason: \_\_\_\_\_

Chapter President's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Chapter Secretary:** Maintain the signed original application in your chapter document files, provide a copy to the applicant and provide a copy to the chapter Member Services representative (or their designee) for purposes of updating the online roster database.

**Chapter Member Services Representative:** Provide a new member packet within 30 days.



...visit us on the web at [www.whea.com](http://www.whea.com)