



WISCONSIN HEALTHCARE ENGINEERING ASSOCIATION

Application to Join the WHEA Resource Committee

Today's Date: _____

Retired Date: _____

Name: _____

Street Address: _____

City, State, Zip: _____ Email: _____

Phone: _____ Cell Phone: _____

Membership in Chapter(s): I II III IV V VI

Current Membership Status: Member Retired Member Life Member

Please indicate all your past or present involvement in WHEA (Chapter or State Level):

Please indicate your availability to serve the Resource Committee:

- Assist at the Annual Conference
- Assist at the Technical Exhibition
- Assist WHEA Committees (education programs, etc.)

Applicant Signature: _____

President Signature: _____

President Name (*print clearly*)

Please have your respective chapter president sign the form, then E-Mail completed application to:

Dennis Havlik: dennis.havlik@gmail.com & Tom Stank: tklittle16@outlook.com