



# 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