

WHEA MEMBERSHIP APPLICATION

(Send completed application to your Chapter Representative, contact information located on whea.com under the About tab.)

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 the membership database. You will be in charge of keeping your information up to date in the database in order to ensure that lines of communication between you and the (WHEA) organization remain open. Contact the WHEA office at info@whea.com | 920.570.4081 if you have questions.

New Member for Chapter ___ **OR** Change Membership Status from _____ to _____ **OR** Transfer from Chapter ___ to ___

Are you a current member of any other chapter? No Yes: Chp I Chp II Chp III Chp IV Chp V Chp VI Chp MECH

Name (First, M.I., Last) _____ ASHE Member? Yes No Year Joined _____

Credentialing Suffix (optional): **Choose up to four.** NFPA Member? Yes No Year Joined _____

Number your choices on the lines below, 1, 2, 3, 4, this will determine the order in which they appear behind your name.

___AIA ___BET ___CBET ___CHC ___CHFM ___CHSP ___FASHE ___MBA ___PE ___PhD ___SASHE

Organization _____ Position or Title _____

Street Address _____ City _____ State ___ Zip _____

Phone _____ Fax _____ Email Address _____

Name of Sponsoring Full Member _____

Signature of Sponsor _____ Date _____

Name of 2nd Sponsor (if required by Chapter Bylaws) _____

Signature of 2nd Sponsor _____ Date _____

Applicant's Signature _____ Date _____

REQUIRED MEMBER INFORMATION (This information is necessary for the database search engine.)

For FULL MEMBER Applications Only (Check all that apply in each section)

Type of Employing Organization: Hospital Clinic Nursing Home, CBRF or other Extended Care Facility Healthcare System

Type of Occupation Category: Building Operations Management Building Services Management Construction Management

Controls Services Electrical Services Energy Services Energy Services Engineer Environmental Services

Facilities Management Food/Nutrition Services Management HVAC Services Life Safety Services Maintenance Services

MECH Certified Mechanic Plant Services Project Management Quality Management Risk Management

Safety Services Security Services Support Services Technical Support

For ASSOCIATE MEMBER Applications Only (Check all that apply)

Type of Occupation Category: Architect Balancing Services Building Automation Systems/Controls Building Materials Supplier

Building Restoration Contractor/Consultant Civil Engineering Services/Consultant Disaster Recovery Electrical Contractor

Electrical Engineering Consultant Electrical Equipment Supplier Elevator Sales & Service Energy Consultant

Entrance Systems & Doors Fabrication Specialties Filtration Systems & Equipment Fire Safety Contractor/Inspection

General Contractor Interior Design Interior Finishes Supplier/Consultant Landscaping Contractor/Consultant

Materials Management Systems/Services Mechanical Contractor Mechanical Engineering Consultant

Mechanical Equipment Supplier Medical Equipment Supplier/Consultant Medical Gases Supplier/Installation/Consultant

Plumbing Materials Supplier Property Development Refrigeration Contractor Roofing Contractor/Supplier

Safety Equipment Supplier Security Equipment/Consultant Signage/Wayfinding Telecommunications Supplier/Consultant

Tools & Equipment Supplier Water Treatment

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

Application reviewed by _____ Approved

Disapproved Reason: _____

Chapter President's Signature _____ Date _____