

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 if you have questions.

Applicants Name: _____

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

Are you a c ? ☐ No Yes: ☐ Chp I ☐ Chp II ☐ Name (First, M.I., Last) Chp III ☐ Chp IV ☐ Chp V ☐ Chp VI ☐ Chp MECH

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

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** _____

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 _____