



2015 INDIVIDUAL MEMBERSHIP APPLICATION

NAME: _____ **Title:** _____
Organization: _____
Email Address: _____ **Business Phone:** _____
Business Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Home Address: _____
City: _____ **State:** _____ **Zip Code:** _____

I prefer to receive Society materials at my ☐ Business ☐ Home

Please send membership information on the American Society for Healthcare Engineers: ☐ Yes ☐ No

☐ **INFORMATION HAS CHANGED**

Annual membership is \$35.

Please indicate your primary area of job responsibility:

- | | |
|---|---|
| <input type="checkbox"/> Safety Officer | <input type="checkbox"/> Healthcare facility Manager/Director |
| <input type="checkbox"/> EVS | <input type="checkbox"/> Architect/engineer |
| <input type="checkbox"/> Biomed | <input type="checkbox"/> Vendor |
| <input type="checkbox"/> Security | <input type="checkbox"/> Other _____ |

HISTORY

The Alaska Chapter of Healthcare Managers and Engineers was founded at our first annual meeting the fall of 2000 in Anchorage. ASHME is affiliated with the American Society for Healthcare Engineering.

PURPOSE

The purpose of this Society is to promote the education, interchange of ideas, and experiences relevant to the field of healthcare facilities management and operations. The association is nonpolitical, non-sectarian and noncommercial.

MEETINGS

ASHME conducts one educational meeting annually. The annual meeting is held in Anchorage, Alaska.

BENEFITS OF MEMBERSHIP

- Education in management and technical issues involved in the healthcare field.
- Keeping abreast of current issues on codes, TJC requirements, planning, design and construction needs, and other regulations.
- Personal connections with other healthcare facility engineers and services in the state for support.

MEMBERSHIP

Membership in ASHME is an invaluable resource to all persons associated with hospital engineering, plant operations, maintenance, and safety/risk management. Dues can be paid by check submitted with this application, or you may visit the website (www.ashme.org) and pay by PayPal. If paying online, application form can be mailed to the address below, or can be scanned and e-mailed to info@ashme.org.

ED PECK MEMORIAL SCHOLARSHIP

Annually ASHME awards a scholarship for further education in the engineering field.

QUESTIONS?

Contact us at info@ashme.org.

- ☐ Check enclosed in the amount of \$35.00 Check number: _____
- ☐ I prefer to pay by PayPal. (Use the link at www.ashme.org for payment. Click on the Membership tab.)

FOR ASHME USE ONLY

Total Due: _____ Check Date: _____ Check Number: _____ Clear Date: _____
Paid by PayPal on _____ (date)

Mailing Address:

Alaska Society of Healthcare Managers and Engineers, 200 W. 34th Ave., #1076, Anchorage, AK 99503