

U.S.H.E. Membership application U.S.H.E. - MEMBERSHIP APPLICATION

Please print and complete this form - fill out all the requested information and

mail with your check to: U.S.H.E. – Utah Society for Healthcare Engineering

P.O. Box 58301 Salt Lake City, Utah 84158-0301

If you have any questions please contact Libby Crapo at 801.856.9898.

Name: _____

Company: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Referred by: _____

Membership Type:

Annual Dues

Member ____ (Individuals working at a Healthcare facility) _____ \$50.00 ea

1st Associate Membership _____
(Architects, Consulting Engineers, Contractors and Vendor/Suppliers) __ \$225.00 ea

This fee includes one display table at the Spring Conference in St. George as well as free business listing on the USHE website.

Additional Associate Memberships _____ \$100.00 ea

College Students _____ \$10.00 ea

College Faculty _____ \$20.00 ea

Retired from the field of Healthcare Engineering _____ \$0.00