



Membership Application

Join/Renew by emailing completed application to ashe@aha.org. Secure payment link will be sent once application is processed.

Contact Information

First Name Middle Initial Last Name

Suffix Certifications/Designations

Work

Title

Organization

Address

City State Zip/Postal Code

Phone E-mail

Home

Address

City State Zip/Postal Code

E-mail

Please indicate your primary address Work Home

Please select the appropriate membership category (*ASHE reserves the right to place you in the correct membership category and bill you for the remaining dues amount.*)

PAM (\$150) ASC (\$200) RET (\$25) STU/ED (\$25)

Annual dues in the amount of \$_____ are to be applied

Signature _____ Date _____

Membership Categories and Fees

\$150 – Professional Active Member (PAM)

Professional Active membership in the Society shall be available to those individuals who are: (a) actively employed in or by health care related facilities or system (those that provide patient care), and who have responsibility in health care facility operations (e.g., facility management, plant engineering, design/construction, security, safety, clinical engineering, and telecommunications); or (b) are currently a Certified Healthcare Facility Manager (CHFM).

\$200 - Associate Member (ASC)

Associate membership in the Society shall be available to those individuals or representatives that provide professional, technical, and consulting services or sell products or services to Professional Active Members but whose employers are not health care providers (providing patient care). Qualifying members include planners, consultants, architects, interior designers, consulting engineers, manufacturers, vendors, sellers of contracted services, and federal, state, and local health care facilities inspectors.

\$25 - Retired Member (RET)

Retired membership shall be available to Professional Active Members who have fully retired and still desire to belong to the Society.

\$25 - Educator/Student Member (STU/ED)

Educator/Student membership in the Society shall be available to full-time educators teaching or college students taking course work related to any discipline represented by the Society. Transcripts must be provided along with application.

Terms and Disclosures

Membership dues are effective one year from the date the membership application is accepted and processed. Membership eligibility is subject to the provisions of the American Society for Healthcare Engineering bylaws.

Applicants may be admitted to membership at any time during the year upon paying annual dues. Under cycle billing procedures, dues will be billed again 12 months later, not on a calendar basis.

An applicant may join directly online using the secure form or may complete the registration form and send it to ashe.org. Secure payment link will be emailed once application has been processed.

Members may cancel their membership at any time, but dues will not be refunded nor is membership transferable.

Payments made to ASHE are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

For more information call 312-422-3800 or send an e-mail to ashe@aha.org.