



*The WSSHE State Board of Directors on behalf of all the members cordially invites you to renew your membership with the Washington State Society for Healthcare Engineering.*

*By accepting this invitation, you join a select group of healthcare engineering leaders in a common cause: to produce the highly skilled engineering professionals Washington State needs.*

*WSSHE membership gives you the opportunity to meet, influence and be influenced by these experienced healthcare engineering professionals. It makes available to you training materials, in-services, presentations on various topics in healthcare engineering for yourself and your staff.*

*Your knowledge of the healthcare engineering profession is highly valued by WSSHE. We would be very pleased if you would join us in our efforts to further increase the professionalism of the healthcare engineering field.*

**RENEWAL APPLICATION**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Membership dues:** Professional Member - \$25 or Associate Member - \$50

**ASHE Membership:** \_\_\_ Yes, Professional \_\_\_ Yes, Associate \_\_\_ Not an ASHE Member

**Payment Options:**

\_\_\_ Check enclosed for payment in full payable to: "WSSHE"

\_\_\_ Send invoice to above name and address.

\_\_\_ Bill my Visa/MasterCard/AMEX # \_\_\_\_\_ Expiration: \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ CV2#: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**SEND COMPLETED APPLICATION WITH PAYMENT VIA:**

**E-mail:** [WSSHE@AMInc.org](mailto:WSSHE@AMInc.org)

**Mail To:** WSSHE

**Fax:** 253-265-3043

5727 Baker Way NW, Suite 200  
Gig Harbor, WA 98335

**Please make certain that your email address is listed. Emails are the FASTEST, MOST COST EFFECTIVE AND ENVIRONMENTALLY FRIENDLY means of communication with our members.**