



Northern Ohio Society for
Healthcare Engineering

www.noshe.org

NOSHE'S GOAL:

To be the advocate and resource for continuous improvement in the healthcare engineering and facility management professions through educational and networking opportunities.

HEALTHCARE MEMBER (\$50):

Full membership in the society shall be available to individuals who are actively employed in a health care facilities management capacity in a hospital, health maintenance organization, nursing home, or health care related facility, or who otherwise provide services related to health care facilities management. Full members may vote and hold office.

AFFILIATE MEMBER (\$100):

Subscribing membership in the society shall be available to manufacturers, consultants, vendors, distributors, and their respective employees. Subscribing members may vote for and hold all offices except President and President-Elect.

Please see our Sponsorship Form for membership savings!

MEMBERSHIP APPLICATION

Or sign up at www.noshe.org / Email info@noshe.org with any membership questions

New to NOSHE

Renewal

Healthcare Member \$50

******* Affiliate Member \$100

w/Paid Sponsorship

***** ASHE Membership required for all new Affiliate Members**

Name: _____

Title: _____

Organization/Company _____

Address _____

City _____

State _____

Zip _____

Country: _____

Is this:

Office Address

Home Address

Phone _____

Cell _____

Email (required): _____

NOTE: ALMOST ALL CHAPTER CORRESPONDANCE IS ISSUED VIA EMAIL AND/OR WEBSITE (www.noshe.org). A VALID EMAIL ADDRESS IS MANDATORY FOR APPLICATION.

Providing accurate information below helps NOSHE retain Platinum Chapter Status with ASHE.

Are you an ASHE Member:

Yes **

No

ASHE Membership required for all new Affiliate Members

**If yes, please provide ASHE National Membership # below:

Dues valid for one (1) year from date application received.

Credit card payment can be made at www.noshe.org/membership or by mail at the address below:

My check is enclosed -- Make check payable to: NOSHE

Mail Form & Payment to:

NOSHE

P.O. Box 21146

Cleveland, OH 44121

Signature

Date