

Application *(categories are defined on the reverse)*

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| NAME: <i>(First)</i> _____ <i>(Initial)</i> _____ <i>(Last)</i> _____ | TITLE: _____ | | |
| EMPLOYER: _____ | | | |
| EMPLOYER ADDRESS: _____ | WORK PHONE: () CELL PHONE: () | | |
| CITY, STATE, ZIP CODE: _____ | WORK EMAIL: _____ | | |
| HOME ADDRESS: _____ | HOME PHONE: () | | |
| CITY, STATE, ZIP CODE: _____ | HOME E-MAIL: _____ | | |
| PREFERRED MAILING ADDRESS: <input type="checkbox"/> WORK <input type="checkbox"/> HOME REFERRED TO CSHE BY: _____ | | | |
| BRIEFLY DESCRIBE YOUR PRESENT DUTIES: _____ _____ | # OF YEARS IN CURRENT POSITION: _____ | # OF EMPLOYEES UNDER YOUR SUPERVISION: _____ | |
| LIST AREAS OF SPECIAL INTEREST/EXPERTISE RELATIVE TO FACILITIES MANAGEMENT, HEALTH FACILITIES AND/OR ENVIRONMENTAL ISSUES: _____ _____ | | | |
| ARE YOU A MEMBER OF THE AMERICAN SOCIETY FOR HOSPITAL ENGINEERING (ASHE)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| PLEASE INDICATE YOUR CHAPTER PREFERENCE: <i>(please select only one chapter; note that you may attend any chapter meeting)</i> | <input type="checkbox"/> Central Coastal <input type="checkbox"/> Central Valley <input type="checkbox"/> Inland <input type="checkbox"/> Kings River | <input type="checkbox"/> Los Angeles <input type="checkbox"/> Northeastern <input type="checkbox"/> Orange County <input type="checkbox"/> Redwood | <input type="checkbox"/> San Diego <input type="checkbox"/> San Francisco <input type="checkbox"/> South Bay Counties |
| PLEASE INDICATE CATEGORY FOR WHICH YOU ARE APPLYING: <i>(categories are defined on the reverse)</i> | | | |
| CATEGORY | <input type="checkbox"/> Facility – \$50/year <input type="checkbox"/> Retired Facility – \$25/year | <input type="checkbox"/> Affiliate – \$150/year <input type="checkbox"/> Retired Affiliate – \$75/year | <input type="checkbox"/> Student – \$20/year |
| PAYMENT METHOD <input type="checkbox"/> CHECK MADE PAYABLE TO CSHE, 1215 K STREET, SUITE 800, SACRAMENTO, CA 95814 <input type="checkbox"/> CHECK HERE FOR A RECEIPT. EMAIL ADDRESS FOR RECEIPT _____ | | OFFICE USE ONLY | |
| AMOUNT _____ CHECK No. _____ CHECK DATE _____ | | | |
| <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX | | | |
| Acct #: _____ - _____ - _____ - _____ | | | |
| SECURITY CODE: _____ EXP. DATE: _____ BILLING ZIP CODE: _____ | | | |
| SIGNATURE OF APPLICANT: _____ | | | |