



**MEMBERSHIP APPLICATION**

**PRIMARY MEMBER INFORMATION**

FIRST NAME:  MIDDLE INITIAL:   
LAST NAME:   
EMAIL ADDRESS:

**ADDITIONAL MEMBER(S) INFORMATION**

FIRST NAME:  MIDDLE INITIAL:   
LAST NAME:   
EMAIL:

FIRST NAME:  MIDDLE INITIAL:   
LAST NAME:   
EMAIL:

FIRST NAME:  MIDDLE INITIAL:   
LAST NAME:   
EMAIL:

**WORK INFORMATION**

EMPLOYER:  POSITION/TITLE:   
ADDRESS 1:   
ADDRESS 2:

CITY:  STATE:  POSTAL CODE:

CONTACT #:  Work  Home  Other

WORK FAX:



**MEMBERSHIP CATEGORIES AND DUES**

**Please check one:**

- Active Member (\$100 Annual per Primary Member + \$20 Each per each Additional)

Members actively engaged and working within the healthcare engineering field who work directly for a hospital, healthcare provider organization or medical research facility. At the discretion of the officers, any Active Member whose circumstances change so that they no longer meet the criterion for active membership may be allowed to continue their membership status for the remainder of the current dues period and/or term of office.

- Associate Member (\$250 Annual per Primary Member + \$50 Each per each Additional)

Any Active Member who through circumstance no longer meets the requirements for Active Membership but who wishes to maintain his/her affiliation with the Association may become an Associate member by payment of dues at the Associate Member's rate. Associate Members may also be representatives of allied professional trades, e.g. architectural/engineering firm representatives, manufacturer's representatives, etc. Associate members are not allowed to make motions or vote in any matter of business, serve in any of the Association's elected offices or serve as a Chapter Representative.

- Honorary Member (No dues)

Any member with a minimum of five years in the Association who has retired from active work in the hospital field will be eligible to be carried on the rolls as an "Honorary Member" without assessment of dues. Application must be made by the retiring member, in writing to the Secretary, requesting transfer from Active Membership to Honorary Membership.

Are you currently an ASHE Member?  Yes  No

Are you currently a certified as a Healthcare Facility Manager (CHFM)?  Yes  No

**Please indicate your areas of interest in GVRAHE:**  
(Check all that apply)

- Facilities Management (IC-FM)
- Clinical Biomedical Engineering (IC-C-B)
- Construction Management (IC-CM)
- Energy Management (IC-EM)
- Facility Design (IC-FD)
- Facility Maintenance (IC-FMAINT)
- Plant Engineering (IC-PE)
- Safety Management (IC-SM)
- Security Management (IC-SEC)



<b>MEMBERSHIP CATEGORIES AND DUES (cont'd.)</b>
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**Please indicate the type of business you work for:**

- Health Care Facility
- Architectural Firm
- Contract Service Provider
- Engineering Firm
- Manufacturer/Distributor/Sales
- Utility/Energy Service Provider

**Remittance of dues are payable to GVRAHE and should accompany this application. If you are mailing dues and application, please remit to:**

**GVRAHE  
P.O. Box 124  
Scottsville, NY 14546**

Phone: (585) 275-6807

# Genesee Valley Regional Association for Healthcare Engineers

## ADDITIONAL MEMBER(S) INFORMATION (cont'd.)

FIRST NAME:  MIDDLE INITIAL:

LAST NAME:

EMAIL:

FIRST NAME:  MIDDLE INITIAL:

LAST NAME:

EMAIL:

FIRST NAME:  MIDDLE INITIAL:

LAST NAME:

EMAIL: