



MICHIGAN SOCIETY FOR HEALTHCARE ENGINEERING  
MEMBER APPLICATION / RENEWAL

### CHAPTER

Please indicate Chapter of Membership:

- East Central  
*Professional \$25, Associate \$40*
- North Central  
*Professional \$15, Associate \$40*
- South East  
*Professional \$75, Associate \$150*
- Upper Peninsula  
*Professional \$15, Associate \$50*
- West Michigan  
*Professional \$15, Associate \$55*

I want to join or renew as a:

- Professional Member (Facility Manager)
- Associate Member (Sales & Service)

Membership Dues – please check one

- 2009
- 2010

ASHE Member:

- No
- Yes, Year Joined: \_\_\_\_\_

Payment Method:

- Check payable to: MiSHE
- Please charge to:
  - VISA
  - MasterCard
  - American Express

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Card # Exp. Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

Send Your Payment to: MiSHE  
1620 70th Avenue  
Ewart, MI 49631

**You can also update your information and renew your membership at the MiSHE STORE online. Go to [www.mishe.org](http://www.mishe.org)**

### MEMBER INFORMATION

Please indicate if this is a:

- New MiSHE Membership
- Membership Renewal  
\_\_\_\_\_ Year Joined

#### PLEASE PRINT IN BLOCK LETTERS

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Facility/Company

\_\_\_\_\_  
Facility/Company Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone # Ext. Cell #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Membership ID #

#### BILLING ADDRESS (if different from above)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

#### OPTIONAL INFORMATION:

\_\_\_\_\_  
Home Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Home Email