



# COLUMBIA REGION HEALTHCARE ENGINEERS ASSOCIATION

Tax ID# 31-1778880

## Application for New and Renewal Membership

Date: \_\_\_\_\_

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

Title or Position: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing address (if different from above):

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

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

Primary Area of Responsibility (check one)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Telecommunications      | <input type="checkbox"/> Safety                           | <input type="checkbox"/> Clinical Engineering Technology |
| <input type="checkbox"/> Facilities              | <input type="checkbox"/> Environmental Services           |  |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Consultant (architect, engineer) |  |
| <input type="checkbox"/> Contractor              | <input type="checkbox"/> Vendor                           | <input type="checkbox"/> Service Company                 |
| <input type="checkbox"/> Other (indicate) _____  |   |  |

Annual dues are: Professional  \$25 (employed by healthcare organization)  
Associate  \$75 (vendors, suppliers, and consultants, who serve health care engineering)

Make check payable to: **CRHEA**

Mail application and check to:

CRHEA  
5727 Baker Way NW Suite 200  
Gig Harbor, WA 98332