



Northern Ohio Society for  
Healthcare Engineering

[www.noshe.org](http://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](http://www.noshe.org) / Email [info@noshe.org](mailto: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](http://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:

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

Credit card payment can be made at [www.noshe.org/membership](http://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 93774  
Cleveland, OH 44101-5774

Signature

Date