



KSHE MEMBERSHIP DUES STATEMENT 2012

<u>Check Category (√)</u>	<u>Membership Description</u>	<u>Amount</u>
___	Active Membership (must be employed in a healthcare-related profession)	\$50
___	Associate Membership (employed in a profession other than healthcare or are a healthcare vendor/contractor)	\$50

Amount Enclosed: _____

Visa/Mastercard Acct# _____ Expiration Date _____

Name on Card _____ Signature _____

Complete Following Data:

Name (as it should appear in Directory)

Title

Degree/Certification(s)

Facility or Company Name

Telephone with Area Code

Fax with Area Code

Email Address

Address (Street/PO)

City

State

Zip

Mail (with payment) to:
Kentucky Society of Healthcare Engineers
9462 Brownsboro Road #158
Louisville, KY 40241