

# AHE Membership Application

To make sure your membership application is processed correctly, please take the time to complete all applicable sections of the form and include it with your membership payment.

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

Membership Status (select one): new    renewal

Membership Number (if applicable): \_\_\_\_\_

## CONTACT INFORMATION

Prefix: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Suffix: \_\_\_\_\_

Designation (s): \_\_\_\_\_

\_\_\_\_\_

## WORK (all fields required)

Title: \_\_\_\_\_

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

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

City, ST, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Email: \_\_\_\_\_

## HOME

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

City, ST, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

## PROFESSIONAL PROFILE

### ABOUT YOU

Gender: Male    Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Highest Level of Education:

- |                   |                   |
|-------------------|-------------------|
| High School/GED   | Bachelor's Degree |
| Some College      | Master's Degree   |
| Technical School  | Doctoral Degree   |
| Associates Degree | Other             |

Years Worked in Environmental Services Profession:

- |            |                    |
|------------|--------------------|
| 0-1 years  | 11-20 years        |
| 2-5- years | more than 20 years |
| 6-10 years |                    |

Level of Responsibility:

- |                                 |                |
|---------------------------------|----------------|
| Administrative Assistance       | Manager        |
| Associate                       | Supervisor     |
| Clinician                       | Technician     |
| Consultant                      | Vice President |
| Director                        | Other          |
| Executive (CEO, CFO, President) |                |

Do you belong to a local AHE Chapter (please specify)

Yes                  No

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

Please send all future AHE communications to my primary address (please select one)  
Work                  Home

**CONTINUED ON NEXT PAGE...**

# Membership Application Continued

## ABOUT YOUR ORGANIZATION/FACILITY

**Areas in which you work (select all that apply): Organizational Setting:**

- |                        |          |
|------------------------|----------|
| Engineering            | National |
| Facility Management    | Rural    |
| Environmental Services | Suburban |
| Linen Services         | Urban    |
| Patient Transport      | Other    |
| Security Services      |          |

**Number of Employees in Department:**

- |       |               |
|-------|---------------|
| 1-10  | 76-100        |
| 11-25 | 101-200       |
| 26-50 | 201-300       |
| 51-75 | more than 300 |

**Bed Count:**

- |               |
|---------------|
| 1-25          |
| 26-100        |
| 101-300       |
| 301-500       |
| 501-800       |
| more than 800 |

**Annual Purchasing Budget:**

- |                     |                         |
|---------------------|-------------------------|
| Less than \$500,000 | \$5-10 million          |
| \$1-2 million       | \$10-25 million         |
| \$2-3 million       | \$25-50 million         |
| \$3-4 million       | \$100-500 million       |
| \$4-5 million       | More than \$500 million |

**Organization Type (please select one)**

- |                                 |                           |
|---------------------------------|---------------------------|
| Academic Institution            | Long Term Care            |
| Acute Care Facility             | Managed Care Organization |
| Assisted Living                 | Manufacturer              |
| Consulting                      | Military/VA/Government    |
| Distributor                     | Rehabilitation Center     |
| Group Purchasing (GPO)          | Vendor                    |
| Hospital/Medical Center         | Other                     |
| Ingrated Delivery Network (IDN) |                           |

Mail: Check (made payable to AHE) with application

AHE/AHA  
 Attn: Professional Membership Groups  
 P.O. Box 75315  
 Chicago, IL 60675-5315

Secured Fax: 312-422-3609 (with credit card information)

# Dues and Payments

Please select from the appropriate membership category below.

AHE reserves the right to place you in the correct category and bill you for the remaining dues if you sign up for the inappropriate membership category.

**Professional Active Membership (PAM)** \$165 - shall be available to an individual employed in a health care facility (i.e. an organization that provides direct patient care such as an acute care hospital, long term care, ambulatory care center, etc.) with the majority of time spent directing environmental services operations. PAM members *may serve on* committees and task forces, vote and hold office in accordance with Article 7.

**Associate Membership (ASC)** \$225 - shall be available to an individual who is employed by a company or organization other than a healthcare facility that may provide PAM members with professional, technical, consulting services and/or products. This may include personnel from healthcare manufacturers and suppliers, distribution companies, societies and associations, foundations, corporations, academic institutions, commercial and consulting firms, agencies or organizations and other corporate level professionals not directing environmental services operations on a day to day basis but have an interest in and a desire to support the objectives of AHE. ASC members may serve on committees and task forces, vote, and hold office in accordance with Article 7 Section 7.1.

**Ally Membership (ALLY)** \$165 - shall be available to non-environmental services practitioners employed in a healthcare facility full time and having an interest in the care of the healthcare environment and/or interest in supporting the objectives of AHE. This may include but is not limited to professionals in facilities and support services roles, nursing, infection prevention, human resources and quality, Ally members may serve on committees and task forces, vote and hold office in accordance with Article 7.

**TOTAL AMOUNT DUE:** \_\_\_\_\_

Payments must be included with all Membership Applications. To process credit card payments, please include your signature on the signature line below.

Type:  VISA     MasterCard     American Express

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_