

Date: ____/____/____

Membership Status (*select one*): new renewal

Membership # (*if applicable*): _____

CONTACT INFORMATION

Prefix: _____

First Name: _____ Middle Initial: _____

Last Name: _____

Suffix: _____

Designation(s): _____

WORK

Title: _____

Organization: _____

Address: _____

City, ST, Zip: _____

Country: _____

Work Phone: _____ Extension: _____

Mobile: _____ Fax: _____

Email: _____

HOME

Address: _____

City, ST, Zip: _____

Home Phone: _____

Mobile: _____ Fax: _____

Email: _____

Please send all future AHE communications to my primary address (*please select one*):

Work Home

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.

PROFESSIONAL PROFILE

ABOUT YOU

Gender: Male Female

Date of Birth: ____/____/____

Highest Level of Education:

- | | |
|---|--|
| <input type="checkbox"/> High School/GED | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Technical School | <input type="checkbox"/> Doctoral degree |
| <input type="checkbox"/> Associate degree | <input type="checkbox"/> Other |

Years Worked in Environmental Services Profession:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> 0-1 years | <input type="checkbox"/> 11-20 years |
| <input type="checkbox"/> 2-5 years | <input type="checkbox"/> more than 20 years |
| <input type="checkbox"/> 6-10 years | |

Level of Responsibility (*please select one*):

- | | |
|--|---|
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Clinician | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Director | <input type="checkbox"/> Other |
| <input type="checkbox"/> Executive (CEO, CFO, President) | |

Do you belong to a local AHE Chapter (*Please specify*)

Yes No

Chapter Name: _____

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AHE Membership Application

ABOUT YOUR ORGANIZATION/FACILITY

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

- Engineering
- Environmental Services
- Facility Management
- Food Services
- Linen Services
- Patient Transport
- Security Services

Organization Setting:

- National
- Rural
- Suburban
- Urban
- Other

Number of Employees in Department:

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

Organization's Licensed Bed Count:

- 1-25 beds
- 26-100 beds
- 101-300 beds
- 301-500 beds
- 501-800 beds
- More than 800 beds

Annual Purchasing Budget:

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

Organization Type (please select one):

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

Mail: Check (made payable to AHE) with application

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

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 who is directly employed by 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.) and has responsibility for caring for the health care environment. PAM members may serve on committees and task forces, vote and hold office in accordance with Article 7.
- Associate Member (ASC) \$225 - shall be available to an individual who is employed by a company or organization other than a health care facility (e.g., contract service providers, corporate contractors, vendors, suppliers or, health care associations) that provides professional active members with professional, technical, and/or consulting services and/or products. Associate members may serve on committees and task forces, vote and hold office in accordance with Article 7.
- Ally Member (ALLY) \$165 - shall be available to non-environmental services practionners with an interest in caring for the healthcare environment. ALLY members may serve on committees but may not vote or 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 #: _____

Expiration: ____/____

Name (as on card): _____

Signature: _____

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