



**TWIN CITY
HEALTHCARE
ENGINEERING
ASSOCIATION**

**APPLICATION FOR MEMBERSHIP
(Please type or print)**

Name: _____ Position: _____

E-mail Address: _____

Business Phone: _____ Business Fax: _____

Hospital/Business Address: Street: _____

City: _____, State: _____ Zip: _____

List any other engineering or professional organizations that you belong to: _____

Brief description of duties and responsibilities: _____

Eligibility requirements are on reverse side, please "X" appropriate space:

_____ Regular Membership _____ Associate Membership

Recommended for membership by: _____

(Signature of one member of TCHEA)

Approval for membership (Date): _____

I agree to uphold the objectives of T.C.H.E.A.

1. To contribute to the attainment of the overall objectives of Healthcare operation through teamwork and cooperation.
2. To participate in programs to enhance the skills of management among ourselves and our subordinates.
3. To the application of new developments in methods and equipment, to scrupulous attention to costs, in order to achieve maximum efficiency of healthcare plant operations.
4. To foster the image of healthcare as a safe and dependable institution dedicated to the highest ideals of patient care.
5. To elevate the standards and the stature of the healthcare engineer.

Signed: _____

See reverse side for processing of completed form

SECTION I - Eligibility

1. Regular member - Membership in the Association shall be available to individuals who are active in the field of healthcare engineering and related disciplines, e.g., clinical engineering, safety engineering, HMO engineering services, design and construction, nursing home and extended care facilities.
2. Associate member - Individuals who are actively engaged in a service or trade directly related to the healthcare engineering. Representatives of healthcare related association, agencies and educational institutions whose primary responsibility includes matters directly related to healthcare engineering.

ESTABLISHMENT OF MEMBERSHIP

1. Membership applicant to attend one regular meeting as guest of recommending T.C.H.E.A. member.
2. Completed membership application given to membership committee to review and submit at next regular meeting for vote of approval by majority of members present.
3. After approval by members, send copy of application to Treasurer with a check payable to the Twin City Healthcare Engineering Association, in the amount of current annual dues.
4. Copies of approved application to go to the secretary for addition to mailing list.