FACILITIES & HEALTHCARE ENGINEERS ASSOCIATION

MEMBERSHIP APPLICATION

NAME LAST FIRST

HOME ADDRESS CITY STATE ZIP

ORGANIZATION NAME

ORGANIZATION ADDRESS

BUSINESS TELEPHONE NUMBER BUSINESS FAX NUMBER

POSITION / TITLE E-MAIL ADDRESS

ANNUAL DUES:

_____ $25.00 (STUDENT)

_____ $50.00 (1 MEMBER)

_____ $300.00 (UP TO 10 MEMBERS)
(include individual names/information with application)

Federal ID #34-1323555

_____ $200.00 (UP TP 6 MEMBERS)
(include individual names/information with application)

MAKE CHECKS PAYABLE TO: FACILITIES & HEALTHCARE ENGINEERS ASSOCIATION
P.O. BOX 2649
TOLEDO, OH 43606
FOR MORE INFORMATION LOG ON AT:WWW.FHEATOLEDO.ORG