



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

Email Address

Annual Dues: _____ \$ 25.00 (student/retiree)

_____ \$ 50.00 (one member)

_____ \$200.00 (up to six members)*

_____ \$300.00 (up to 10 members)*

*include individual names/information with application

Make checks payable to:
Facilities & Healthcare Engineers Association (FHEA)
Post Office Box 2649
Toledo Oh 43606

For more information, log onto our website as www.fheatoledo.org
Federal ID #34-1323555