



## Membership Application

I hereby make application for **membership** in the National Capital Region Society of Healthcare Engineers (NCR-SHE) and submit the following information for consideration by the Board of Directors. I also acknowledge that this membership is personal and not corporate, thus cannot be transferred to another person.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Business Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

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

Type of Business or Trade if applicable (Associate Member): \_\_\_\_\_

Healthcare Facility if applicable (Healthcare Member): \_\_\_\_\_

College or University if applicable (Student Member): \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

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

**STOP AND READ!** For our first year, Affiliate Members who pairs with a new Professional Member in Joining NCR-SHE will receive a \$25 discount on the total Membership Rate. Please contact membership chair, Sarah Peters at [info@ncr-she.com](mailto:info@ncr-she.com) to apply for this discount.