



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, Associate Members who pair with a new Healthcare Member in Joining NCR-SHE will receive a \$25 discount off the total Membership Rate. Please contact membership chair, Melonee Jenkins at info@ncr-she.org to apply for this discount.