

Wyoming Society of
Healthcare Engineering

WSHE



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Email rgleason@pvhc.org

www.wyoshe.us

APPLICATION FOR MEMBERSHIP

(Print or Type)

Year _____

Name

Position or Title

Organization

Business Address

City

State

Zip

Work Phone

Work Fax

Email address

Home Address

City

State

Zip

Membership Categories and Fees

(See page 2 and check one)

Professional Member _____ \$75.00

Associate Member _____ \$75.00

Member _____ \$25.00

Method of Payment

Check/Money Order: _____

Check #, Money Order #/Date

Remittance of dues payable to WSHE must accompany this application. Mail your application to:
**Wyoming Society for Healthcare Engineering, Attn: Rod Gleason, Powell Valley Healthcare, 777
Ave H, Powell, WY 82435.** Please allow 4 weeks for processing.

I understand that the Wyoming Society for Healthcare Engineering may deposit the enclosed dues
remittance pending consideration of this application and, in the event the application is not approved,
WSHE will promptly refund my remittance. Annual Dues in the amount of \$_____ are enclosed.

Signature: _____

Membership Categories

Membership in the following categories is available to individuals who support WHSE mission and objectives:

Member

Individuals eligible for membership in this association shall be those active in the field of healthcare engineering and /or management.

Associate Member

Individuals eligible for associate membership shall be those active in related fields, such as manufactures, representatives, suppliers, etc. Associate members will be required to take and active and current participation in the activities of the association.

Professional Member

Individuals eligible for professional membership include architectural, consulting, mechanical, and other current design and specification engineering professionals.

