



Healthcare
Engineers
Society of
Northern
Illinois

HESNI Affiliate Member Application

Individuals eligible for Professional Affiliate Membership in the Society are those who provide professional, technical and consulting services, or provide products or services to Members. Professional Affiliate Members shall have full participation privileges as a regular member including the right of voting and holding office. Board membership shall be limited to two voting positions.

Name: _____

Organization/Company: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Education Level: _____ Licenses/Certificaitons: _____

Years of healthcare experience: _____ Are you a current member of ASHE? Yes No

Recommended by (Must be 2 current Professional HESNI members / facility managers)

1. _____ 2. _____

Please select below a committee of interest (Refer to website, www.hesni.org, for details):

- | | | |
|---|---|---|
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Advocacy Committee | <input type="checkbox"/> Networking Committee |
| <input type="checkbox"/> Communications Committee | <input type="checkbox"/> Programs Committee | <input type="checkbox"/> Other _____ |

Briefly describe in 150 words or less what value you can bring to HESNI:

By checking this box and signing below, I attest the above information to be true and accurate as of the date shown on this application, and if accepted as an affiliate member of HESNI, if any of the above information is found to be untrue, or falsely represented, upon committee review, my membership privileges will be revoked immediately.

APPLICANT'S SIGNATURE: _____ DATE: _____

All applications are subject for review and approval by the Membership Committee. A decision will be granted within 30 business days upon receipt of application. Submission of this application does not guarantee membership. Membership will begin upon receipt of annual \$200.00 affiliate member dues. Submit all completed applications to HESNI Office via email (dkdoherty@sbcglobal.net) or fax at (708) 424-5804. Thank you for you interest in HESNI.