

# STATE OF MAINE HEALTHCARE ENGINEERS SOCIETY

## 2017 MEMBERSHIP APPLICATION AND RENEWAL

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*IF EMPLOYED BY A HEALTHCARE FACILITY ANNUAL DUES ARE \$25.00**

TITLE: \_\_\_\_\_

HEALTHCARE FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OTHER AFFILIATIONS: ASHE NEHES NFPA OTHER: \_\_\_\_\_

**\*VENDOR, CONTRACTOR, CONSULTANT ANNUAL DUES ARE \$50.00**

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

TYPE OF SERVICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OTHER AFFILIATIONS: ASHE NEHES NFPA OTHER: \_\_\_\_\_

### MAILING ADDRESS AND CHECKS PAYABLE TO:

STATE OF MAINE HEALTHCARE ENGINEERS SOCIETY  
C/O COLE TEAGUE  
111 FRANKLIN HEALTH COMMONS FARMINGTON, ME 04938

